0.0)	00075	1.	FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE 6		() O	1	3	4
UL] -	02275	1'	STATE REGISTRAR		ME	DICAL EXAMIN	NER'S	ERTIFICATE O	F DEATH	REG.	NO.			-
					FIRST		MIDDLE		LAST	2a. DATE		X MONT	H DAY	YEAR	2b. HOUR
	,	% × × × × −,	(TYS	E OR PRINT)	Harr	V	Thomas	Ac	dison, Jr		ESTI- MATED			0.00	
	5	NECESSARY, PIEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS Y, PRESTON STREET,	3. SE			5. DATE OF BIRTH	6 AGE (IN Y		IDER 1 YR. TIF UNDER			MONTH	DAY	9 86 YEAR	2d. HOUR
		Z STEC	Ma	le Whit	te	MONTH DAY	YEAR LAST BIRTHE	MONTH	IS DAYS HOURS	MIN PRONOU	NCED		07	0.0	6:18A
2		ANDON	/	RTHPLACE (STATE OR		Dec .15,	1963 22	RS.		DEAL		Y OR COU		19 86	M
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		FUNERAL S FOR Y WITHIN		Maryland TY OR TOWN OF DEATH	1	U.S		WIDOW		Daire		Coun			MD.
		의 빌 및 급 =	10. C	IT OR IOWN OF DEATH			PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a. USUAL OCCU	PATION (TYPE OF WORK	K 12b KIN OR	D OF BUI	SINESS RY
		PAGE PAGE	C	ockeysville		Beaver	Dam Road r	r. Sc	chawan Rd.	Machin:	ist	I	Mach:	ine	Co
	6	SET	USU/	L RESIDENCE (IF IN NURSING	COUNT	OTHER INSTITUTION, GI	130. CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS?	13. STREET ADDR	FSS		21	102	
	212	★★部内部 / /		Md.		roll	Manchest	er	YES NO X	4318 B	ackw	oods	Rd.	102	
	9	-NEN317	14. F	THER'S NAME					15. MOTHER'S MAIDE	N NAME					
	H.	E 2 5 6 10 (Y	Harry	Chom	MIDDLE A	ddison, S	r.	Rose	Mari	MIDDLE	Matu!	loni	ST	
	No.	0.0 S 4 0 -	16a,-1	VAS DECEASED EVER IN L	U.S. ARM	ED FORCES?	16b. SOCIAL SECURI	IY NO.	17. INFORMANT	11011 1		ECC			
	Ē	EARS 7	10	ES, NO OR UNKNOWN) (IF	YES, GIVE W	AR OR DATES)	213-90-0	0011	Harry Add	dison.S:	143I		ckwo	ods]	Rd
	2	Wine a S	H		F . A	1.					MELDI	ches		ROXIMATE	
	14	OBOXW		18 CAUSE OF DEATH (E PART I DEATH WAS	CALLCED	BV							BETW	EN ONSET	AND DEATH
	a.	A SECTION A	12	4/22 IM	MEDIATE		ultiple in		3						
	15	ZZZZZZQ	1	Canditians, if any,	which	DUE TO, OR	AS A CONSEQUENCE	OF					314		
	1	FOR SER		gave rise to imm	mediate	(b)									
	*	SE SE SO		cause (a) stating the lying cause last.	under-	DUE TO, OR	AS A CONSEQUENCE	OF							
	20	5.22400				(c)							0 6		
	80	WAY BOND		PART 2 DTHER SIGNIFICANT CON	NDITIONS CI	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL OISEASE	OR CONDITION GIVEN IN PAR	tt Liai.					
	8	HOUSES _	CERTIFICATION				New York								
	2	BELGE 7	13	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?			- 3	20. AL	JTOPSY?	
10	AT!	まるところる	E										Y	s X	NO []
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	N	SHOOK	1000	UNDERLYING CONTRIBUTING CAU	ISE OF DE		\times 3 2719 8		Motorcyclis	t atruck	five	ido b	oct		
	ĕ	CERTING SED 1 3 SH DEPA	MEDICAL	214 INJURY OCCURRED		21e PLACE	OF INJURY (AT HOME,	211 LO	CATION					1	2. 1/2
	ě	S S S S S S S S S S S S S S S S S S S	1 3	WHILE NOT WH	IILE X		FORY, FARM, ETC.)		TREET	CITY OR TO					CO,MD.
		HANNE AND		AT WORK AT WORK	K	roa	a .		ver Dam Rd		wan R	a, Co	ckeys	VII.	Le,
		# A S & H S	10	22a I certify that I tao	ak charge	of the remains des	cribed abave, held an	Autap	y X Inspection	lnquiry	U	and in my	apinian		
	-	製造出の主義	1	death resulted from:	Natura	I causes	Accident X , Si	vicide 🔲	, Hamicide	Undetermined m	anner _	١.			
	•	AA VIE CER		ACTUAL MA	-	1	U 00		TITLE (SPECIFY)					. 8 .	
		DICAL THE THE THE THE DEATH AOPE. A	1	SIGNATURE	N. P.	te he	Toull	M	D. Assistant	MEDICAL EXA	MINER	DATI	NED_3/	27/8	36
		NO SEE SEE	V	EXAMINER'S NAME	Ü.										
		PAGE PAGE TO FU		(TYPE OR PRINT)	Mar	garita A	. Korell, N	1.D.	ADDRESS 111	Penn St.	Bal	to.MD)		
		524544	13	JRIAL, CREMATION, REMO			23t. NAME OF CE			23d LOCATION		CC	OUNTY	CY	A TE
	07/84	BP	E	uriel	M	ar.29,1	986 New M	lanch	ester Cer	Manch.	este	race	radio	ndage	
	25M	DHMH - 17	24. F	INERAL DIRECTOR 1		1			250 AR	ESO 1 Y R 1986	AR JOB RE	GISTRAR'S	SIGNATU	RE	g.
		(VR A15 ME (5))		7.7. Zalle	and	Manch	ester, Mo				4-				
						-									

COLLOW MINE

Funeral Home 300 Mace Ave. 21221

Connelly

(VRA 15, 4)

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

21206

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Stella Maris Hospice

Garrison Forest Cemetery Clark Control 23d LOCATION Garrison Forest Cemetery CHYOBalto.

2300 Dulaney Valley Rd. - Towson, MD 21204

2b. HOUR 20

U.S. Postal Serv.

IF UNDER 1 YEAR

INDUSTRY

Truitt

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

couBalto. MD

STATE

IN CERTIFYING CAUSES OF DEATH?

21206

IF UNDER 24 HRS

John C. Miller, Inc., 6415 Belair Rd.

3-31-86

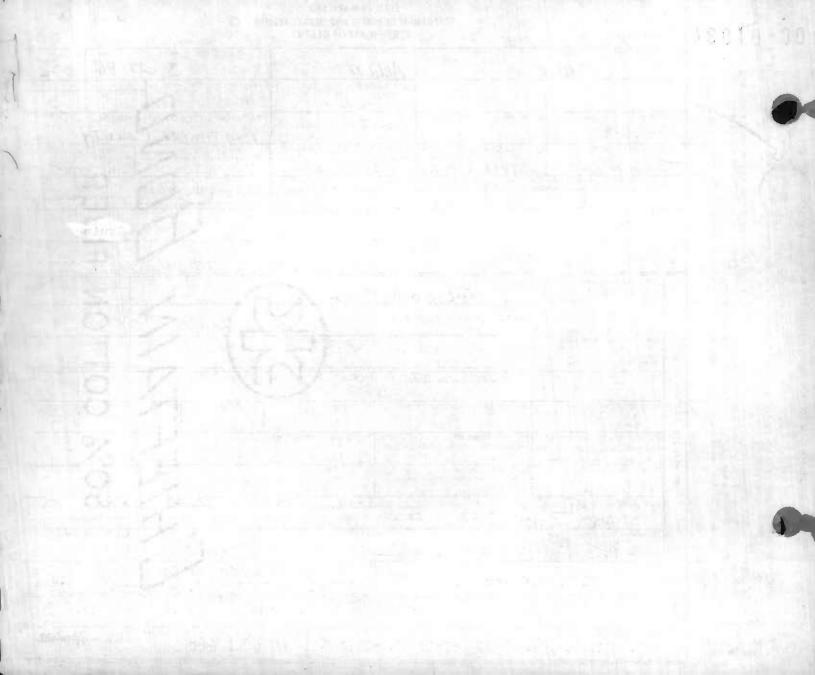
Kendall R. Faulkner, M.D.

(VRA 15, 4)

Burial

22d PHYSICIAN'S NAME ITYPE OF PRINTS

230 BURIAL, CREMATION, REMOVAL



		1		STATE	OF MARYLAND		63 6 3	61
		1	FOR STATE		EALTH AND MENTAL HYG	IENE 8 6	00/	0 1
1-1	1631	1'	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO		
, 0	100.	1. DE	CEASED NAME FIRST	MIDDLE	ST I			b. HOUR
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	poge 3	-		ERTE HME	KOSE			3-05AM
	4	3 SE	X	4 RACE 5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR		OURS MIN
	0 0	12	Female	White 07	18 09	70	O YRS	- MILE
	42 4	70 E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY O	COUNTY OF DEATH	
	12 al	NE	COUNTRY)	/ / -4	NEVER MARRIED	13411C	i bai sa	
1	124-	1	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME O	DIVORCED	120 USUAL OCCUPATI	CUNT	MD.
	(11 b) 1V	12	THE OR TOWN OF BEATH	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	K OTHER 1143THOTION	TYPE OF WORK FOR MOST O	ON 12b. KIND OF E F WORKING LIFE) INDUSTRY	SUSTINESS OR
0	100 P		101250m	Dr Josepi	<u> </u>	CLERK	UNIFO	ORM CO
77	X 32		AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TY 13(. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIR CODE	2/234
9	: 17 BJ	1	MA BA	LTO. RALTO.	YES NO NO	7706 M		PIACE
Ž.	and the second second	14. F	ATHER'S NAME	2,0.	15 MOTHER'S MAIDEN NAM		TO CLOCK	2700
AR	15 VE 34	1	FIRST	AIDDLE LAST	FIRST	MIDDLE	LAST	
Σ.	W O D	w	GUSTAVE	BOURGUE	MALVIN	A ADDRE	ANIER	70 : 2 2 2 1
OR	Poges medica			MED FORCES? 166 SOCIAL SECURITY NO.	IT INFORMANT	/ //	(h)	021237
W.	Poor a		No -	218-42-6519	TIPLS, CELICE U.	ungelings	-7706 Midds	WINE /Stace
ALI	sicio pers of.		18 CAUSE OF DEATH (Enter on	y one couse per line for (a), (b), and ici.)	, ,		APPROXIMA BETWEEN ON	TE INTERVAL
	phy npo mov		PARTI. DEATH WAS CAUSE	E CAUSE (o) Acute	bukann	'a	401	ass
2	ring rbo		IMMEDIAI		Service .			7
01	e co		0 12	DUE TO, OR AS A CONSEQUENCE OF			100000	
RES	office of the control		Conditions, if any, which gave rise to immediate	(b)				
> .	the rem		couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				
-	d by eose of c		underlying coose last.	((c)				
5, 2	gne burn ry,	1,	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110	
RECORDS	The The	CERTIFICATION						
000	beer mit.	7 8	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING	
E E	S see S	Ē				YES NOT	IN CERTIFYING CAUSES O	NO T
A F	hysicion ronsit p Hygier 18 sho	1 2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURR			
7		7	OR CONTRIBUTING CAUSE OF DEA		F. 88 20 11 15.			
DIVISION OF VIT	# F F F F F F F F F F F F F F F F F F F	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		211. LOCATION			
SIO	this this and M	N N	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	STREET STREET	CITY OR TO	WN COUNTY	STATE
2	of the state of th		AT WORK NOT WHILE					
	S me		220 1 certify that (1) (this hospi	al) attended the deceased from 3 · 2	7. 19 86	_, to_3.2	19 6 , the	et (I) (🗫) lost
	hospitol IRECTOR. hed for usept. of He		sow the deceased alive on abave, (1) (we) (did) (did)	3°27-86 19 an	d that in (my) (and opinion o	death occurred an the do	ate and hour and from the car	uses stated
	REC REC spt.		226. SIGNATURE		DEGREE		22c. DATE SIG	GNED
	0 0 0 0	1	1/1/10 /	1)//1/1/1/1	ATTENDING	MEDICAL STAF	F	
1	ERA Stot		22d PHYSICIAN & NAME LLYPE	The state of the s	22e. ADDRESS	DIRECTOR PHYSIC	11 mal	1218
5	MAT The		1001	1 75R1157 111M	22000		WELL D	,
	TO FUNERAL (should be deto with the Store [MMPORTANT: #		1070	coved in	2001/	reerino	mi puor	me
+	5 - 8 3 K	23a	BURIAL, CREMATION, REMOVAL		METERY OR CREMATORY	23d LOCATION	# 200 km	11415
	BP		CREMATION	3-29-36 GREE	NMOUNT	BALT	a. Ma you	2002
		24 F	UNERAL DIRECTOR	4,16,6	250 ChAF	DECD BY MODRAE	WHAT WHAT STONA UP	£ .
D	HMH - 16 60M 7/84 (VRA 15, 4)	10	ANAMETO Can 11	- 7527 Hersend) / MA	4 3 1 1200 g	-	40
	(AKW 12)	1	Forder TITELLE	- 1001 Heretory	LOY .			

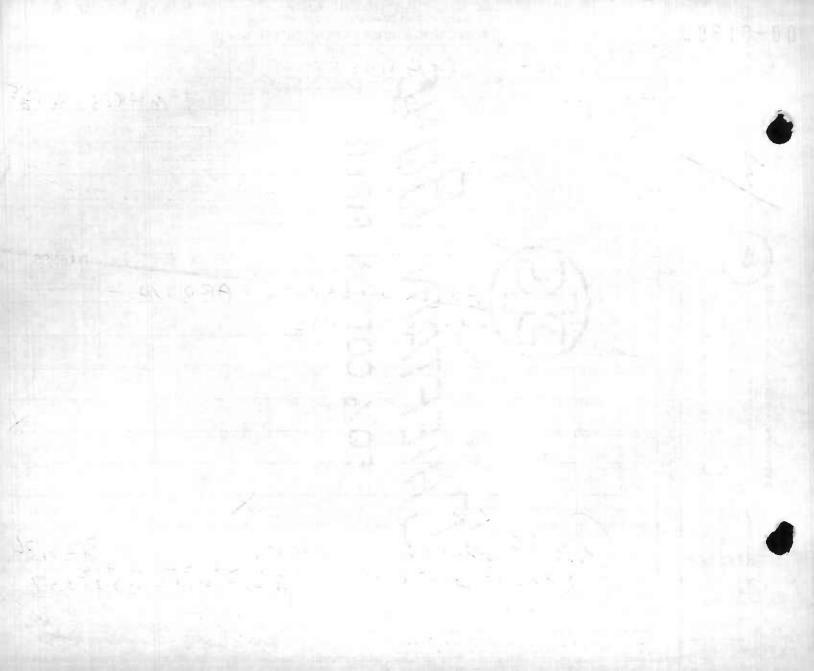
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-018/03	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 3 6	0	6 /	5 2			
AV		CEASED NAME FIRST	MIDDLE	l l	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR			
y be		Mar	y Ethel	Ame	nt	March 24,			7:05a м			
ge 4 тау	3. SE)	Female	White	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF MO	UNDER I YEAR	HOURS MIN.			
merol dir	Bo	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	Baltimore City o	_		MD.			
by the further of with the desired	10 CI	TY OR TOWN OF DEATH Sedale	Franklin Squa	ADDRESS) H	ospital	120. USUAL OCCUPATION IP PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
filled in ord be	13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CUTY OR TOW BOLL TIME	e admission) 'N 'P'e	13d INSIDE CITY LIMITS? YES MO [3003 Pu	zip code laski	21. High	224. land			
1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME						
ample ond)	Charles	Nies		Hannah		1	Vills				
on and co		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (1F YES, GIV	E WAR OR DATES)		Laurence.	timore, ADDRE	Md.	2122	4.			
physicic onpaper emaval.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), an	dità : i	nary arrest		Hyw	BETWEEN	MATE INTERVAL ONSET AND DEATH			
at the death co yy the ottendin se remove carb cremation, ar		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Hypotension DUE TO, OR AS A CONSEQUENCE OF Possible sepsis										
aguires the signed I Then plea ta burial injury, ar	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO			MINAL DISEASE OR CON	DITION GIVE	V IN PART 1	0			
an. has beer t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED OF DEATH?			
icitan: T g physici g physici icitronsi mtal Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TS PAR	TIORPART2)				
offending of the control of the cont	MEDICAL	21d. INJURY OCCURRED WHILE ON TWHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE			
TTENDIN pitol ar TTOR: Af far use o af Health		saw the deceased alive an	March 24 View the body after death.	Marc 86 , or	h 23 , 19.86 ad that in (a) (aur) apinion	toMarch death occurred on the de		86.	that (we) last			
ALOR A the has the has the has the has the has the detached one Dept.		Ralph Wood	durand MD		DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	FF CIAN 🚭	3-2	SIGNED 4-86			
TO HOSPITAL retained by ti TO FUNERAL should be det with the State		Ralph Wood	dward, M.D.		9000 Frank	lin Squar	e Dri	ve, 2	1237			
7 5 E # 3 ₹		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	234 LOCATION		COUNTY	STATE			
BP		Burial	3/26/86 Lo	udon	Park Cemet	ery-Balti	more,	Mary	land			
DHMH - 16 60M 7/84 (VRA 15, 4)	30	OO E. Baltim	A. Moran, Inc ore St.; Balto	• Fu	neral Homes d. 21224.	R 31 1986	the Dec	RESIGNAL	URE			

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	e Herrittelle	roaklin - juur	imsedal e
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00-	01398		STATE REGISTRAR				EXAMIN				DEATH	RFC	G. NO.		
			CEASED NAME	FIRST		MIDDLE			LAST			DATE KNOW		H DAY Y	EAR 26. HOUR
	克莱斯克里			CLAR	A	L.			AMOS		DI	OF ESTI-		19	
	当 党重支援	3. SE)	(4 R)	ACE .	5. DATE OF BIRTH	YEAR	& AGE (IN YE			F UNDER 2		DATE NOUNCED	MONTH	DAY	YEAR 2d HOUS
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	関係を	₹a. B	REIGN COUNTRY)	R	U.S.A.	HAT COUN	NTRY?	MARR	ED NEVE	ER MARRIE		ALTIMORE CI	_		H
٠,	1	*	TY OR TOWN OF D		11. NAME OF HO	SPITAL, NU ACILITY, GIVE S NGERI	TREET ADDRESS)				12a USUAL C	OCCUPATION OF WORKING LIFE EMAKER	1	OR INE	OF BUSINESS DUSTRY
1021	2 35	13a. S	AL RESIDENCE (IF IN TATE MD.	NURSING HOME OR 13h COUNT BALTO		13c CITY	OR TOWN	arm.	T3d INSIDE CITY	LIMITS?	13e STREET A	ADDRESS BANGER	T RD.	21162	
- GM	T CIM SE SO	14. E	ATHER'S NAME		MIDDLE		LAST		15 MOTHER	'S MAIDEN	NAME	MIDDLE		LAST	
1	THE STATE OF		FREDERI			LU	ICKE	7	1 400	MARG	ARET			FIEGE	
(A /	()	WAS DECEASED EVI ES, NO. OR UNKNOWN)	R IN U.S. ARM			-74-318		MARGI		E DILL		GHTR)	SA ADD	ME RESS
ONST.	ZA HORS CITEM CONG PERMIT SIENE, DI VAL	100	18 CAUSE OF DE PART I DEATH	ATH (Enter only WAS CAUSED IMMEDIATE	CAUSE (a)	-RT), ond (c).) ERIO	SCL	-ERO	TIC	CA	RD161	vas-	APPRO: BETWEEN	CIMATE INTERVAL ONSET AND DEATH
REST	VITHIN VCIL IN INER A RANSIT TAL HY		Conditions, if		DUE TO O	J LV	TYC C	154	1852						
01 W. I	AMIN AMIN OR		gave rise to cause (a) stati lying cause la	ng the under-		R AS A CON	NSEQUENCE	OF							- 10
ORDS, 2	LD BE EXECUTE PENDING" IN MEDICAL EX D AS A BURIAL RATH AND W CREMATION	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	DNTRIRUTING TO DEATH	RUT NOT RELA	ATED TO THE TERM	IINAL DISEAS	OR CONDITION I	GIVEN IN PART	1 (a).				
DIVISION OF VITAL RECORDS, 201 W. PRESTON	A L L L L L L L L L L L L L L L L L L L	CERTIFICATION	19a DATE OF OPE	RATION	19b. CONDI	ITION FOR	WHICH OPER	RATION W	AS PERFORM	NED?				20 AUTO	- 1
ON OF V	ITIFICATE SH IG THE WOR TO THE CO SHOULD BE UN SHOULD BE		21a EXTERNAL CA UNDERLYING CONTRIBUTING	OR		M. MONTH	DAY YEAR	R 21c Ho	OW INJURY C	OCCURRED	IENTER NATUR	E OF INJURY IN ITE	EM 18 PART 1 OR		- HOVA
	ARDED ARDED ARDED ARE DE 1201 PE	MEDICAL	21d INJURY OCCU	IRRED	21e PLACE		(AT HOME.		CATION		CITY	Y OR TOWN	C	COUNTY	STATE
6	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR, PA AFTER DEATH, WITH THE STER BANTIMORE, MARYLAND, 21		22a I certify the	at I taak charge	of the remains de	scribed abo		Autop	, Homicio		In Undetermin	equiry ,	and in my	opinian	-101
	SHOUNT WAIT, WEE, M. ME, M. ME, M.		ACTUAL	Mins	10/11	ne	Un	М	0124	ידטר	MEDICAL	EXAMINER UEG	DATI	-	3/86
	A A A A A A A A A A A A A A A A A A A		EXAMINER'S NAM (TYPE OR PRINT)	1 /10	17 1	60	ERL	V	ADDRESS	13 F	ATI	none	D.	212	37
07/84	BP.	23e. B	URIAL, CREMATION SPECIFY) BURIAL		26/86		ARKWOOL		RCREMATOR	RΥ	23d LOCAT CITY OR TO BALTI	WN	co	YTHU	MD.
25M	DHMH - 17 (VR A15 ME (5))	24 F	9705 Bel	K FUNE		INC.	21236	311	25	MA		ISTRAR 25b.	REGISTRAR'S	SIGNATURE	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENT		REG. NO).				
	ECEASED NAME FIRST		MIDDLE	ι	AST		20. DATE OF DEATH	HINON	DAY YEAR	2b.⊸HOUR		
(11)	Elis	e	E	Ana	gnost			3/20	0/86	9:50p M		
3. SE	× Female	4 RACE	N. B. U.S. O.	5. DATE C			AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
	HIIIIIIIIIIII	White	е	MONTH 7	30 1	.3	72	YRS.	MONTHS DATS	HOURS MIN.		
36 B	BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRI	ED 12 9	BALTIMORE CITY OF	COUNT				
	Maryland	U.	S.	WIDOWE			Baltimo	re Co	ounty	MD.		
10.0	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		120 USUAL OCCUPATION			F BUSINESS OR		
	Towson		Charles		MC		Clerica	_	Seaf	ood		
13a	JAL RESIDENCE (IF MURSING STATE)	THER INSTITUTION	GIVE RESIDENCE BEFORE	N .	120		3. STREET ADDRESS	zıp cop rain		21061		
	ATHER'S NAME Nicholas	MIDDLE	Anagost		Mol 1 i		E MIDDLE		Dietz	ī		
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT		1316 ADDRES	ss Gu	ignard	Ave.		
	NO TIPTES GIV	E WAR OR DATES)	218-05-	-6040	Mr. A	Alfre	ed Rawlin	son	-W. Co	lumbia,		
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL	nly ane cause pe D BY: TE CAUSE (a)	line for (a), (b), one	diac A	rrest		S. Ca	roli	na BETWEEN	IMATE INTERVAL ONSET AND DEATH		
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	n was performed		200 AUTOPSY?	IN CERTI	S, WERE FINDIF FYING CAUSES ES	NGS USED OF DEATH?		
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24 F	UNERAL DIRECTOR NAME Anatomy	Board	ADDRESS	Bal	to., Ma	R 27	1986 PAREGISTRAR	REGIS	TRAP DEIGHA	DURE 1		

DHMH - 16 60M 7/84 (VRA 15, 4)

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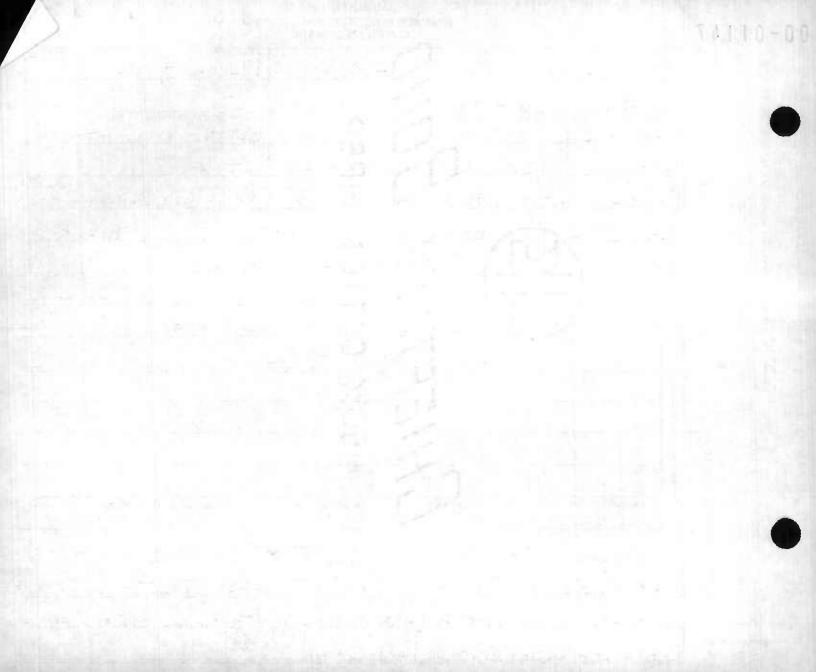
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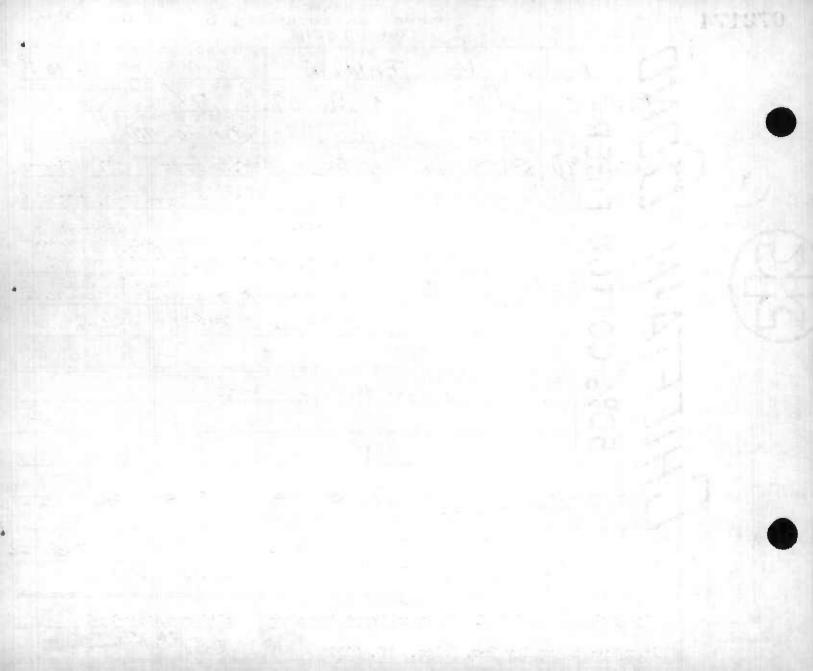
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OR ATTENDIN e hospital or DIRECTOR Af- ched for use a Dept. of Health frem 21 is man	220.1 certify that (1) (this hospital saw the deceased alive an abave. (1) (we) (did) (did not) v 22b. SIGNATURE	2/11/ 5/2	1955 to 3/15. (aur) apinion death occurred an the date and hour ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	ond from the causes stated 22c. DATE SIGNED 3/16/18/6
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		FOR		DEPARTME		MARYLAND H AND MENTAL HY	CIENE & S	0 6	161	
1628	11.	STATE REGISTRAR				E OF DEATH	REG. N	10		
6)		CEASED NAME FIRST	MI	IDDLE	LAST		20 DATE OF DEATH		AR 2b HOUR	
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1	3-64	*-	4 RACE		DATE OF BIR	TH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER I	YEAR IF UNDER 24 HR	
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38	1.00	Maryland Ba	ltimore	Pikesvil		NSIDE CITY LIMITS?	13e STREET ADDRESS	dale Terrace	21208	
	14. F.	ATHER'S NAME			10	OTHER'S MAIDEN N		date lerrace	21200	
1030	D	Antonio Balsamo	WIDDLE	LAST		Sarah Citr	MIDDLE		LAST	
		WAS DECEASED EVER IN U.S.		166 SOCIAL SECURIT	Y NO. 17 II	NFORMANT Mary		ESS	21208	
		YES NO OR UNKNOWN) (1F YES, 1	GIVE WAR OR DATES)	218-14-9		726 Leafter	lale Terrace	Pikesville	Marylar	
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Brit.	ы	PART I. DEATH WAS CAU	SED BY. ATE CAUSE (a)	Carde		rrest		BETW	FEN ONSET AND DEAT	
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2 :0	247	OR CONTRIBUTING CAUSE OF [AAIII	MONTH DAY	YEAR					
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5.5			N	a	M.D.		MEDICAL STA		3/29/86	
ž-	1	22d PHYSICIAN'S NAME (TYP	DAVE				17 Liberty I		3/29/00	
PORT		John J. Darre			716	/	ndallstown,		7722	
§ 1	-							mary ranu z	11))	
		BURIAL, CREMATION, REMOVA				ERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE	
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4)		8728 Liberty Road	Randallsto	wn, Maryland	21133	I M	IAR 3 1 1986	grain Davidso	-Manage	

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Lerov O. Dvett 4600 Lib. Hghts. Ave.

FOR Items 1, 14, cor.

FH-3/12/86jlb

- STATE

REGISTRAR Per

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21207

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Ward ADDRESS Anna Barber 4617 W. Forest APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE 10 86 and that in (my) (aur) apinian death accurred on the date and have and from the causes stated DIRECTOR PHYSICIAN Md. Baltimore Garrison Forest 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2b. HOUR

IF UNDER 24 HRS

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126 KIND OF BUSINESS OR

IF UNDER 1 YEAR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 50 CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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3. SEX Female White S DATE OF BIRTH DECG. 3, D. 180388 92	1.	(TYPE OR PRINT)	MIDDLE			20 DATE OF DEATH		_	26 HOUR
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VES. NO BE UNKNOWN NO 212 20 9023 Ruth Jones, Meridian Nursing Center	1	Charles	O'Ne	il			Fitz	geral	d
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acculate quantities per lamper provided DUE TO, OR AS A CONSEQUENCE OF Queer rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Queer rise to immediate cause (b) August manife Queer rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Queer rise to immediate cause (b) August manife Queer rise to immediate cause (a), stating the underlying cause lost. Queer rise to immediate cause (b) August manife Queer rise to immediate Queer rise to immediate cause (b) August manife Queer rise to immediate cause (b) August manife Queer rise to immediate Queer rise to immediate cause (b) Queer rise to immediate Queer rise to immediate Queer rise to immediate cause (b) Queer rise to immediate Queer	1			IAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
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	2		3/5/86				on.	COUNTY	/A STATE

21212

4905 York Road Balto., MD

24 FUNERAL DIRECTOR Henry W. Jenkins Sons Co.

DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15, 4)

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ith. Page 4 may be not director, page 3 72 hours after death once.	3. SE	male RTHPLACE (STATE OR FOREIGN 7	RACE S. DATE OF BIRTH MONTH DAY YEAR S. DATE OF DEATH MONTHS DAY YEAR MONTHS DAY NOTHS DAY NOTHS B. MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTY OF BEATH DIVORCED DIVORC
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equires that the dear to compare signed by the attendible of the please remove corbon pape to burial, cremation, or remaval. Injury, or other traumatic event, the	NO	PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	OBY CAMPER AT INFR
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HOSPITAL OR AT inced by the hosp FUNERAL DIRECT wild be detoched full the Stote Dept. o ORTANT: If them 2		obove, (I) (e) fid) did not 22b SIGNATURE 22d PHYSICIAN'S NAME (TYPE OR	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/28/86
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DHMH - 16 60M 7/84 (VRA 15, 4)

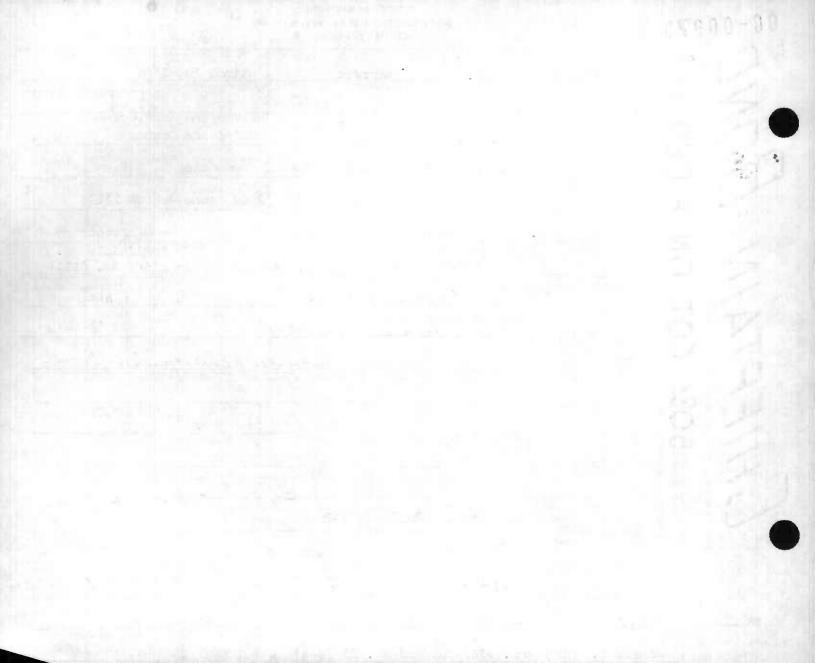
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGHENE CERTIFICATE OF DEATH

0 6772 REG. NO.

9		CEASED NAME FIRST	MIDDLE	CHEW TO THE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUL			
		Violet	S.	Bas	rrett	March 10, 1986	M		
	1. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS		
	F	remale	White		ch 4, 1897	89 YRS	THS DAYS HOURS MIN.		
4	7s. 61	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8		9. BALTIMORE CITY OR COUNTY OF	FDEATH		
2		Maruland	U.S.A		D NEVER MARRIED DIVORCED	Baltimore County	MD		
1	10 CI	ITY OR TOWN OF DEATH	11 NAME OF HOSP	ITAL, NURSING HOME	OR OTHER INSTITUTION		12b. KIND OF BUSINESS OR		
4	-	Towson	Meredia	n Multi Med.	ical Center	Homemaker	INDUSTRY		
5	13a. S	AL RESIDENCE (IF NURSING HOMEO STATE 136 COU Maryland	NTY 13c. (ESIDENCE BEFORE ADMISSION) CITY OR TOWN altimore	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3604 Keene Avenue	21214		
	-	ATHER'S NAME			15 MOTHER'S MAIDEN NA				
2) 5	John FIRST	B.	Martin	Louise	MIDDLE Fe	erratta		
0		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS Rosli	ndale Ma.		
4		no		8-32-1444	Martin L. Bas	rrett 82 Glencliff			
		18 CAUSE OF DEATH (Enter of	nly one couse per line f	ar (a), b), and ici	7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	Kenne L	celuie		mas		
П		IMMEDIA							
1		Conditions, if any, which	year.						
П	3.	gave rise to immediate cause (a), stating the	£.						
Н	-6	underlying cause lost	DUE TO, OR AS	A CONSEQUENCE OF	in decent	ter beart Derses	Gener.		
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	Z O				TO THE TENT	WALE SIGNAL ON CONTINUE ON EN	THE PART ING		
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, W	VERE FINDINGS USED		
4	HI					YES NO PO YES I	NG CAUSES OF DEATH?		
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1		OR CONTRIBUTING CAUSE OF DE	All I	MONTH DAY YEAR					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19	211 LOCATION				
	ME	WHILE IN NOT WHILE IT		CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE		
		AT WORK			20	3/10	200		
		220.1 certify that this hosp saw the deceased alive ar	9/1	A 1-	ad that (Tableaux) assume	death accurred an the date and hour a	tho (we) lost		
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		22b SIGNATURE	F. Cho.	7 0	DEGREE ATTENDING	MEDICAL _ STAFF	22c. DATE SIGNED		
		21.01.00	1 Color		PHYSICIAN Z	DIRECTOR PHYSICIAN	2112186		
		22d. PHYSICIAN'S NAME (TYPE)	or PRINTING	ALT	22e ADDRESS	SISTER PIERLE	= DR. 21204		
	73a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	OUNTY STATE		
	E	Burial	3-14-86	Holu Re	deemer	Baltimore, Md.	STATE OF THE PROPERTY OF THE P		
	24 FU	UNERAL DIRECTOR		ADDRESS.		E REC'D. BY REGISTRAR 25b. REGISTRAI	R'S SIGNATURE		
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			FOR STATE		D	STAT EPARTMENT OF H	E OF MARY		YGIENES	6	0 6	77
0 - 0	2306		REGISTRAR CEASED NAME	FIRST	MED	MIDDLE	R'S CERTI	IFICATE O	F DEATH	REG. NO.	MONTH DAY	YEAR 26. HOUE
1-4	ASE OR :		EORPRINT) EN) 0	BARTK	+		OF	H MATED		19
	IS NECESSARY, PLASE E FUNERAL DIRECTOR. E F FOR YOUR FILES. EN THEN 72 HOURS IN PRESION STREET.	3. SE)	MV	V Mon	3 9	YEAR 6 AGE (IN YEAR STANDING) YES	MONTHS DA		MIN PRONC	UNCED AD		1986 A
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	PAGE STAN	1	TY OR TOWN OF DEAT	ty Z	+100 Ta	ITAL, NURSING HOME, ILITY GIVE STREET ADDRESS) YOU AVENUE	21	236	FOR MOST OF V	CUPATION (TYPE O	OF WORK 12b. KIN	OF BUSINESS INDUSTRY
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ALTIM	APTER HI FOR HI FOR HI SION	160 V	VAS DECEASED EVER IN ES, NO. OR UNKNOWN)	I U.S. ARMED FO IF YES, GIVE WAR OR		220-05-76		lfrieda	Racey 6	ADDRESS 606 Fa1:	rdel Ave	21206
ORDS, 201 W. PRESTON	BE EXECUTED WITHIN 24 HOURS, IN PENC. INCESS WISH ALCH AS BURBAL TRANKLES ALTH AND MENTA, HYGIE CREMATION, OR REMOVAL	NO	Conditions, if on gave rise to in cause (a) stating the lying cause last.	nmediate ne <u>under</u> -	(b) DUE TO, OR A	S A CONSTOURNEY	f pr	nist	ASE	~ DI		
VITAL RE	THE STATE	CERTIFICATION	190 DATE OF OPERAT		196 CONDITI	on for which opera	TION WAS PER	RFORMED?				UTOPSY?
ONO	THE ADDITION OF TO BUT	MEDICAL CER	210 EXTERNAL CAUSE UNDERLYING OF CONTRIBUTING CA	R NUSE OF DEATH	P.M.	MONTH DAY YEAR			(ENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
DIVISION	WRITIN WARDED AGE 3.5 ATE DER	MED	216 INJURY OCCURRE WHILE AT WORK AT WO	CHILE	21e PLACE OF STREET, FACTO	FINJURY (ATHOME, IRY, FARM, ETC.)	21f LOCATION	N	CITY OR	TOWN	COUNTY	STATE
•	TO MEDICAL EXAMINER: 1 PAGE 4 SHOULD BE FORK TO FUNEAL DIRECTOR: 9 AFTER DEATH WITH THE SIS BALLIMORE, MARYCAND: 7	2	220. I certify that I to death resulted family actual SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Noteral case PAV	Im LY	Company of the control of the contro	Autopsy Inde Inde Inde Inde Inde Inde Inde Inde	Inspection domicide	Undetermined MEDICAL EX ICRU TLN	AMINER ELSN 1UNE	DATE 3/SIGNED TO THE SIGNED TO T	128/86
07/84	BP.	23a.B	URIAL, CREMATION, REA	3-	29-86	Parkwood		rv	23d LOCATION	Balti mon	re, Mary	land STATE
25M	DHMH - 17 (VR A15 ME (5))	24 FI	INERAL DIRECTOR NAME Lassahn	Funeral	AODRESS Home	7401 Belair		250 RATE R	3 1 1086	RAR RSL REGIS	TRAR'S SIO HATU	the :

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(VRA 15, 4)

STATE OF MARYLAND

						STATE OF MARYLAND	8 6	06775
nn.	-016	34	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE	
00	010	J 4		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		X		OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	nay be page 3 or death	3117		DORI	5 V.	BELL	3	28 82 11°PM
	a a		3. SE		I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	e 4	40.00		Female	White	June 1. 1899	86 YE	
	Pog dire	8	№ . В		'S CITIZEN OF WHAT COUNTRY	8	9. BALTIMORE CITY OR COU	
	eoth.	5	1	MAYLA LAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAltimore	County MD.
	he fu withi	Ped	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
102	by th	70	1	3Altimore	Summit	Nursing Home	Housewife	is the state of th
LAND 2120	d be	a s	USU 130.	AL RESIDENCE (IF NURSING HOME OR COTATE) 13b. COUN			13e.STREET ADDRESS / ZIP C	ODE 21228
AND	n 24 fille hould	\$27		md BA	Himore CAtons		414 Crost	zy Rd.
ARYL	4 de 1	10	14. F/	THER'S NAME FIRST	NIDQLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
Σ	Day du	4		Un	Known		Un Know	1
BALTIMORE	2 2 5	9 /		VAS DECEASED EVER IN U.S. ARA ves, no or unknown) (# yes, give	WAR OR DATEST		ADDRESS 414	Crosby Rd.
TIM	A nin	1/		No	212-07-	0493 Kenneth SI	hipley Cator	rsville, uld 21228
BAL	(B)	1.5		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (o), (b) o	nd (ci.)	1. 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	1	- A	- 13	IMMEDIATE		I Deded Cold	to- fallen	24 he
PRESTON	4 60	patic			DUE TO, OR AS A CONSEQU			No. 1
EST	- 6 50	0000		Conditions, if ony, which	(16) allen	sclerola Car	Le Voscula ,	yes unhow
% . P	2 41	1		couse (a), stoting the	DUE TO, OR AS A CONSEQU	ENCE OF		
201 V	though the	0.00		underlying couse lost.	(c)	age		
	200	nul c	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
AL RECORDS,	een it. Ti	in	CERTIFICATION	19a DATE OF OPERATION	194 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. 16	YES, WERE FINDINGS USED
REC	n. nos b	2 2 2	FIC	THE DATE OF OPERATION	176. CONDITION FOR WINC	TOTERATION WAS PERFORMED	INCE	RTIFYING CAUSES OF DEATH?
TAL	The ricio	å Š	ERT	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121, HOW IN HIRY OCCUP	YES NO PROPERTY IN ITEM	YES NO
>	A to the	18 G		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	PAY YEAR	LENIER NATURE OF INJURY IN HEW	IB PART TORPART 2)
Z	ding p	Mento or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f. LOCATION		
DIVISION OF VIT	무유 부 원	rked or	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY
N	oling or off	mork	30	AT WORK AT WORK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1119 91	3/10	- 8/
	ATTENDIN Spital or CTOR: Aft	is a	132	220.1 certify that (I) (the heapth sow the deceased alive on _	9 1911	20, and that in (my) (-) opinion	death accurred on the date and	thour and from the course stated
		# 2 d	100	obove, (I) (wa) (did not 22b, SIGNATURE	view the body after death.	DEGREE	ocom occorred on the dole ond	22c DATE SIGNED
	0 0 0 0	- E	8	M. A		ATTENDING	MEDICAL STAFF	3/2/2
	by t ERAL	N N		22d. PHYSICIAN'S NAME (TYPE OR	PRINT!	22e ADDRESS	DIRECTOR PHYSICIAN	13/39/86
	HOSPITAL bined by the FUNERAL bold be der	SRT T		OILE DAS	11-10	10 0 5772 WE	357 UIEW	MALL
	TO HOS retained TO FUN should to	With the Stot	22	LAIPS LAI	LIPL VI	NUMBER BY	4LTIMOLE,	MID. 01238
				SURIAL, CREMATION, REMOVAL	1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	CONTY 1 STATE
	BP		24 5	JOUVIA'C INERALDIRECTOR	MAr. 31, 1986 1	Druid Ridge Com.	E REC'D, BY REGISTRAR 256. REC	DAITO W.C.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR Stanley Samuel BENNAGE March 2, 1986 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 1 SEX IF UNDER I YEAR Aug. 27 1909 EAR Male White BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA Penna. DIVORCED T WIDOWED Baltimore County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
ASSEMBLE Auto Mfg. Franklin Sq. Hospital Rossville WAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY altimore In STATE 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET APORESS ZIP CODE Rd. 21221 Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Mabel LAST H. Ranck Bennage Albert IN U.S. ARMED FORCES? ADDRESS 160 WAS DECEASED EVER 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 173 09 9613 Mary Bennage, Wife Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF Staphylococcus aureus Sepsis Canditians, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lie 190 DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that & (this haspital) attended the deceased from February March 2 19_86_ saw the deceased alive an March 2 abave, 16 (we) (did) (did ot) view the bady after death _, and that in (our) opinian death accurred an the date and have and from the couses stated 226 SIGNATURE DEGREE 22c. DAJE SIGMED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Keith W. Parker M.D. 9000 Franklin Square Drive, 21237 23c NAME OF CEMETERY OR CREMATORY 123d LOCATION altimore Co., Md. STATE 230 BURIAL, CREMATION, REMOVAL Burtal 24. FUNERAL DRECTOR 250 DATE REC'D. BY REGISTRAR 258 REGISTRAR 2 SIGNATURE 1407 Old Eastern Ave MAK

DHMH - 16 60M 7/84 (VRA 15, 4)

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untal 1/1/15 hours lile most I reman follows to the common to. No.

PRESTON

STATE OF MARYLAND

MIDDLE

7b. CITIZEN OF WHAT COUNTRY?

AUGUSTA

LAST

BENNETT

5. DATE OF BIRTH MONTH

JUNE

WIDOWED

FORT HOWARD, MARYI

NAME OF HOSPITAL, NURSING HOME OR OTHER INST

EASTON

BENNETT

IMMEDIATE CAUSE (a) BRAIN STEM INFARCTION

DUE TO, OR AS A CONSEQUENCE OF DIABETES MELLITUS

DUE TO, OR AS A CONSEQUENCE OF

HYPERTENSION

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFO

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED

21b. TIME OF INJURY

21e PLACE OF INJURY

22a L certify that (1) (this hospital) attended the deceased from MARCH saw, the deceased alive an MARCH 25 1986 above, (1) (we) (did) (did not), view the body after death.

166 SOCIAL SECURITY NO.

220 26 1811

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DE

DAY

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13d INSIDE CI YES |

15. MOTHER'S

17 INFORMA

CLINICA

21c HOW IN.

211 LOCATION

DEGREE

MARRIED W NEVER M

FDEATH	REG. NO	D.			
	2a DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR	
	MARCH 25, 1	986		12:15	An
	6 AGE (IN YEARS LAST BIRT	(YADH)	FUNDER I YEAR	IF UNDER 24 H	
1930	55	YRS.	DAYS	HOURS	IN.
R MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	31.1	
DIVORCED [BALTIMORE	COUNTY	7		MD.
NSTITUTION	12a USUAL OCCUPATION			F BUSINESS	OR
YLAND	TRUCK DRIV		INDUSTRI		
E CITY LIMITS?	ROUTE 4, B	ZIP CODE OX 619	2	160	1
ER'S MAIDEN NAM					
LETTIE	MIDDLE	I	ETHERE		
MANT	ADDRE	SS		100	
CAL RECO	RDS, VAMC,	FORT H	OWARD,	MARY	LAND
			BETWEEN	MATE INTERVAL ONSET AND DEA	ATH
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		- 3.1			T=0
	25 25 12 12				
TED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	3	
RFORMED	20a AUTOPSY?		WERE FINDIN		
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CERTIFICATION

MEDICAL

FOR

1 DECEASED NAME

MARYLAND

MARYLAND

4. FATHER'S NAME

YES, NO OR UNKNOWN)

BIRTHPLACE (STATE OR FOREIGN

II. CITY OR TOWN OF DEATH

FIRST FRANK

FORT HOWARD

REGISTRARXC 18106126

WILLIAM

4 RACE

BLACK

U.S.A.

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

HEYES GIVE WAR OR DATEST KOREAN

18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)

TALBOT

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate cause (o), stating the

underlying cause last.

RENAL FAILURE 19a DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

- STATE

(TYPE OR PRINT)

3 SEX

MALE

the burial-transit per and Mental Hygiene 00 ould be detained the State D MPORTANT

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL GREMATION REMOVAL (SPECIEV) 24 FUNERAL DIRECTOR

KAUSHALENDRA SINGH, M.D. 23c. NAME OF CEMETERY OR CREMATORY A 9 Q

V.A.M.C., FORT HOWARD, MARYLAND

ATTENDING

086

23d LOCATION COUNTY

CITY OR TOWN

MARCH

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN KK

and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

STATE

22c DATE SIGNED

3/25/86

25a DATE REC'D. BY

86

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIT	CAIL OI DEATH	REG. N	0.				
	CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR		
	Esth	er	ВТ	RO	March 13	3 198	6	4:35		
376	Female	4 RACE	5. DATE C		& AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HR		
	remate	White	Jul		92	YRS	ONTHS DAYS	HOURS MI		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH				
	Hungary	USA	WIDOWE		Baltimo	re Co	untv			
	ossville 21237	11. NAME OF HOSPITAL, NURSII (IF POT IN SUGHE CHITY, GENERAL Franklin Square			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewife	ION OF WORKING LIFE)		OF BUSINESS		
13a. S	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13° CITY OR TOW imore Essex		13d INSIDE CITY LIMITS?	STREET ADDRESS.	/ ZIP CODE	2122	21		
4. F.A	ATHER'S NAME FIRST	MIDDLE LAST		IS MOTHER'S MAIDEN NA	MIDDLE		LAS	ST		
6a V	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECU ZE WAR OR DATES) 213 50		- C						
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b), or	nd (c				APPROX	ONSET AND DEA		
	IMMEDIA	TE CAUSE (6) Right Pi	11mon	ary Embolus						
CERTIFICATION	PART 2. OTHER SIGNIFICANT	((c)CONDITIONS CONTRIBUTING TO	Male		ZOO AUTOPSY?	20b. IF YES, V	WERE FINDI			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		AY YEAR	21c HOW INJURY OCCUR		IRY IN ITEM 18 PAR	T OR PART 2)			
CAL	CAUSE OF DE	4111	19							
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE		
	sow the deceased alive on above, X (we) (did) X XX	March 13	Marc. 86	$rac{h}{h} rac{10}{10}$, 19 $rac{86}{10}$ d that in ($X_{\!\!\!\!V}$) (our) apinion			9.86, ond from the	that X (we)		
	Logy a.	Schneider &	Bi	ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	SIGNED		
ı	Joseph A. S	Schneider, M.D).	9000 Frank	lin Squar	e Driv	ve 21	237		
23a. 8	BURIAL, CREMATION, REMOVAL			m Cemetery	Baltim	ore Cou				
612	Pral Director Zdziński Fuser	al Home PA 1407	Old E	astern Ave.	E REC'D.	J. REGILTRA	Selden	m Carpin		

DHMH - 16 60M 7/84 (VRA 15, 4)

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	1/	FOR	DEDAG	STATE OF MARYLAND	8 5 0	6/8
011.248	11	STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		
01429		CEASED NAME FIRST	MIDDLE	AST	REG. NO. 20 DATE OF DEATH MONTH DO	AY YEAR 26 HOUR
nay be poge 3	[TYP	E OR PRINT) Albei	rt C.	Bloom	3-22	86 /25
4 mo	3. SE		4. RACE	5 DATE OF BIRTH	0 -	FUNDER I YEAR IF UNDER 24 HRS
ect	-	IRTHPLACE (SLATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	3 7 00	9 BALTIMORE CITY OR COUNTY	OF DEATH
11/15	PI	ENNSYLVANIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (CO. N
(3)	10 0	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION SET ADDRESS)	SUPERVISOR SUPERVISOR	126 KIND OF BUSINESS OF RAILROAD
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11000	MA	100 000	TIMORE 2120		13. STREFT ADDRESS / ZIP CODE	1 CT 2120
PBC	1	PERCY	MIDDLE BLOO!	FIRST	WIDDIE	CÄRR
ond co		WAS DECEASED EVER IN U.S. AF	E MAD OR DATES	11/00	ADDRESS	
be exect on and Pages		NO	2-18-01	-495 ELIZABETH I	M. BLOOM TOWSON	V, MD 2120
equires that the death or signed by the attending Then please remove cart or burnal, cremation, or injury, or other troumatic	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECT (b) Mue Fac DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO	statie Carelloma e	The Bladder	N IN PART 110
he low r	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		WERE FINDINGS USED 'ING CAUSES OF DEATH?
SICIAN T ng physici certificate irral-transs entol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM IS PA	RT (OR PART 2)
IG PHYSICIA ottending pler this certifications is the burial-transfer and Mentolinked on term	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	E FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO FUNCE IN THE NOTION OF STEEN OF STEE	7	22a. I certify that (1) (this hasp sow the deceased alive or	Well view the body after death.	V/	death occurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN Comments Come Sant Tos	9 6 that (I) (we) to ond from the causes stoted 22c DATE SIGNED 3/23,
BP	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23 MARCH 26, 86 D	NAME OF CEMETERY OR CREMATORY ULANEY VALLEY ME	M. GAR. BALTIMO	SRE CO., MI
DHMH - 16 60M 7/84		UNERAL DIRECTOR			E REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
(VRA 15, 4)	W	ILLIAM E. JOH	NSON8521 LOC	H RAVEN BLVD. MA	R 2 6 1986	widow Bools

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00-00636	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 6	06/82
moy be	DEGEASED NAME MARY (17PE OR PRINT) STER M.	ELEAZAR ELE	BLOVSKY ASAR BLOVSK Is DATE OF BIRTH		ONTH DAY YEAR 26. HOUR ON THE PROPERTY OF THE
ctor. I	Female	White	March 27, 1892	93	MONTHS DATS HOURS MIN.
Pog Paris	74 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	9 BALTIMORE CITY OR	COUNTY OF DEATH
deoth in 72	Czechoslovakia	U.S.A.	MARRIED NEVER MARRIED	BALTIMOR	ECOUNTY MD.
by the fu	TOWSON	ST. JOSE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS! + QSPITAL	Tive USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	N 12b. KIND OF BUSINESS OR INDUSTRY Religious
AND 21:	Maryland Bal		imore YES NO XX		parles St. 21212
MARYL Ompletely Office	14 FATHER'S NAME FIRST John	Blovs	is mother's maident Helen	MIDDLE	Vackar
IMORE,	160 WAS DECEASED EVER IN U.S. AI	WE MAD OR DATES	SECURITY NO. 17 INFORMANT 4-3400JI Sr.M.Angel:	ADDRESS ina CatinaSSNI	06401 N. Chas.St.21212
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The low requires that the death certificate be executed within 24 hours retificate has been signed by the office of the completely filled in by os the buriol-transfer permit. Then please remomentation in the ord Mental Hygiene prior to buriol, cremating the internal 8 shapes on injury, or other training orked or frem 18 shapes on injury, or other training the internal 8 shapes only injury.	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART OTHER SIGNIFICANT 19a DITE OF CARATION 19a DITE OF CARATION	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) GONDITIONS CONTRIBUTING	EQUENCE OF TO DEATH BUT NOT RELATED TO THE TE CLON ON WAS PERFORMED THOSE ON WAS PERFORMED	20a AUTOPSY? YES NO	Cholettures 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \cdot \sigma \si
or ATTENDO Se hospital or	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (1) (this base)	ATH P.M. Ele PLACE OF INJURY and of ottended the deceosed from the body ofter death.	om 3 that in (my) opinion	(117 OR 10W)	that (I) (w) lost ond hour and from the causes stated
TO HOSPITAL Cetoined by the TO FUNERAL Bybould be detoined by the With the Stoke Limportant: If	POBERT 230. BURIAL, CREMATION, REMOVAL	STONE BAY	CT ST S CO-	T ADAM	Kd Cocker/Sville
BP	(SPECIFY) Burial	3-15-86	Villa Maria	GlenArm	Baltimore Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Mitchell-Wiedefe	eld Home 6500 N	rork Road 21212	ATE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE

Exercise No. Charles No. Charles No. Charles No. Charles No. Charles

. iky Helen

Vackar

-64-3400JI Sr.M.Angelina CatinaSSND6401 N. Chas.St.?

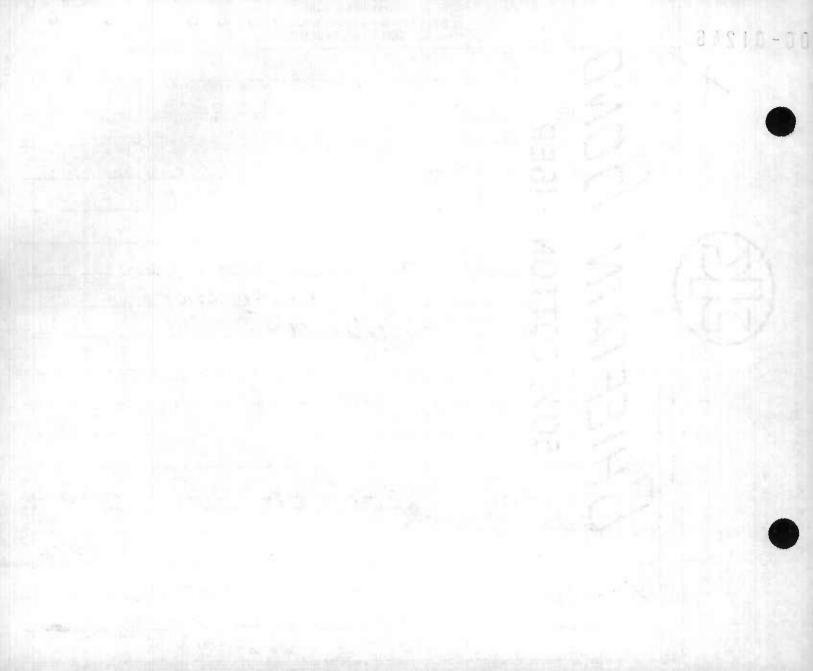
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11 97	1	FOR - STATE REGISTRAR			DEPARTI		EALTH AND	MENTAL HYG DEATH	REG. 1	10.	0	, 0 0
		CEASED NAME	FIRST	- JE 4	MIDDLE	Į.	AST		20 DATE OF DEATH		AY YEAR	26 HOUR
oy be oge 3 death	(TYF	E OR PRINT)	Leonar	d BOEH	-M				March 30,	1986		1:50 a
4 mo	3. SE	X		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS HOURS MIN,
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人就是	10 (ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	R OTHER INS		120 USUAL OCCUPATION OF WORK FOR MOST	TION OF WORKING LIFE	12b. KIND INDUSTRY	
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4 11 15人	13a.	AL RESIDENCE (IF NUI	136 COUN	ITY	13c CITY OR TOW		13d INSIDE C		13e STREET ADDRESS			0.0
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10 0 1 10 V		WAS DECEASED EVE			166 SOCIAL SECU		17 INFORMA		ADD	ESS		21206
		YES, NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)	214-01-	4346	Wilhe	lmina B	oehm 604 E	Lmwood	Rd. B	
hysica poper noval.		18 CAUSE OF DEA	TH (Enter on	y one couse pe	er line for (a), (b), an	dic.					APPRO- BETWEEN	XIMATE INTERVAL
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ding orbo		107E-0×77	WENEDIN		20.45.4.60.465044	LUCE OF		184.3				
ttene ve co on,		Conditions, if an	v which	DUE 10, C	End Stage	Chro	nic ob	structi	ve pulmona	ry dise	ease	
not not		gove rise to im	nmediate)						3		
by the		underlying caus		DUE TO, C	OR AS A CONSEQUE	NCE OF						
red bear		DARI O OTHER CIC	Thur ic a but o	(c)	CALTRIBUTE							
sign hen o bu	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Atherosclerosis coronary artery disease										
reen ny in	CERTIFICATION	190. DATE OF OPERA			OITION FOR WHICH				20a AUTOPSY?	10h 15 V5C	WERE EINE	Th LOCALIST
lov los b	FIC	THE DATE OF GREAT		178 COIVE	DITION TON WITHCH	OFERATION	A ANAS PERIC	DKMED		IN CERTIFY	, WERE FIND YING CAUSE	S OF DEATH?
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Africa Af		22a.l certify that ((this hospit	al) attended t	he_deceased from_	3-9		19_86	3_30	1	9_86	that (X (we) lost
TTEN Distol		saw the deceo	sed alive on	3-3		86 on	d that in (mX	(our) opinion o	death accurred on the c	ate and hour	and from the	couses stated
R ATT hospit ned fo ept. of tem 21		22b. SIGNATURE	(did) (d/d/c/	view the body	y olter death.	-	EGREE					ESIGNED
0 9 000		Mill	112 8 111	10/1/2	- NA	7		ATTENDING	MEDICAL STA	FF		
RAL RAL		22d. PHYSICIAN'S N	vv juic	jaur					DIRECTOR PHYSI	IAN X	3-3	0-86
TO HOSPITAL TO FUNERAL should be det with the Store	12		/				22e ADDRES		÷ . C	0	2	1007
Show efort			ayale						in Square	Jr.•		1237
	23a	BURIAL, CREMATION	_	236 DATE	6 23c N	NAME OF CE	METERY OR O	CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP		Buri	.a.ı	7-2-0	Pa	TKWOOC	r cemer			Baltim	ore. M	aryland
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	D. Hall		ADDRESS			25a. DATE	REC'D. BY REGISTRAF	25b. REGISTR	AR'S SIGNA	TURE
(VRA 15, 4)		Lassahn	Funera	l Home	7401 Bel	air Ro	. 2123	6 TAD	P 0 7 1096	1 tab	widson	Mandell.

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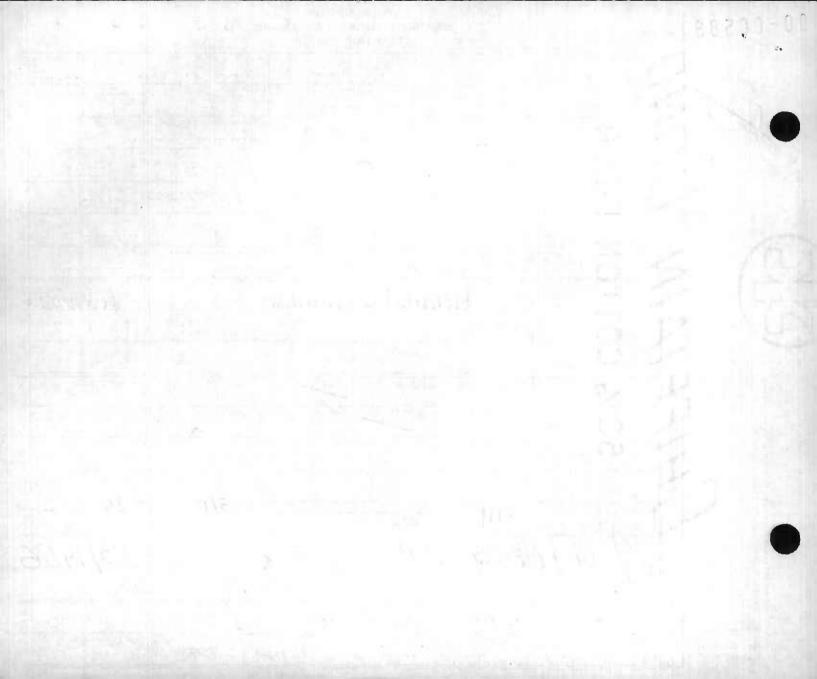
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10-01246	FOR STATE REGISTRAR		DEPARTM	STATE OF MARY ENT OF HEALTH AN CERTIFICATE O	D MENTAL HY	GIENE 8 6	0	6 / 8	ind
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poge 3	ON	IA		BOGIEL		Of a special	3 22	86 2:05F) M
(o e od	3 SEX	4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY) IF UNE	DER TYEAR IF UNDER 24 H	
Be 4	Female	Wh	ite	MONTH DAY	0.3	82	YRS.	S DATS HOURS N	AIN.
od phod	74 BIRTHPLACE (STATE OR FORE		VHAT COUNTRY?	MARRIED NEVE		9 BALTIMORE CITY		EATH	
n 72	Lithunia	Lithu	nia	WIDOWED T	DIVORCED	Balti	more Cou	ntv	MD
	10 CITY OR TOWN OF DEATH	11. NAME OF H		HOME OR OTHER I	NSTITUTION	120 USUAL OCCUPATE	ON 12	L KIND OF BUSINESS	OR
Office the Soft	Arbutus	901 E1	mridge Ro	ad		Seamstress		othing Co.	T
212 bein bou	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	THE RESIDENCE BEFORE A	DMISSION)	E CITY LIMITS?	13e STREET ADDRESS		ouring to.	
S 4 P		Baltimore	Arbutus	YES [NO	104 Semona		21228	
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SALTIMORE, MARYLAND one oper vol. tr. f. modell ere er fruit	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO. 17 INFOR	MANT	ADDRE	SS		
IMO I	NO	F 165 GIVE WAR ON DATES)	215-30-47	08 Alek	csv Szaci	hnowicz 104	Semonal	Ave. 2122	ρ
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert outending physicion liter this certificate has been signed by the attending os the buriol-transit permit. Then please remove corbon the ond Mental Hygiene prior to burial, cremation, ar required or fem 18 shows any injury, an other traumotice's	Canditions, if any, w gave rise to immed cause (a), stating underlying cause	hich (b)	AS A CONSEQUENT AS A CONSEQUENT NTRIBUTING TO DE	Alalla	TED TO THE TERM	AINAL DISEASE OR CON		PART Tro	
TAL RECOR	190 DATE OF OPERATIO	N 196 CONDIT	ION FOR WHICH C	PERATION WAS PER	FORMED	200 AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?	>
in or vity	OR CONTRIBUTION CALL	SE OF DEATH HOUR A.A	MONTH DAY	YEAR	INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	IR PART 2)	
NVISION VG PHYS offer this os the but hond Mo	THE EITHER NOTHY MEDICAL TO THE STATE OF THE	LAT HOME STRE	OF INJURY ET, FACTORY OFFICE, FAR	211 LOCA STR	TION REET	CITY OR TO	WN C	OUNTY STATE	E
R ATTENDIN hospitol or RECTOR. After feed for use open of Health feen 21 is more	saw the deceased o	is hospital) attended the plive an (did not) view the body of	19 10	2 30	ny) (our) opinian	death accurred on the do	ote and havr and	tiom the causes stated	
0 0 0 0 4	22b. SIGNATURÉ # V	VIIII OC		DEGREE		MEDICAL STAI		3/24/86	>
TO HOSPITAL retained by th TO FUNERAL should be detr with the State	Leo Neal B	1 - ()		22e ADDF		Choice Lane	9		
7 6 F 2 8 3	23a. BURIAL, CREMATION, REA			ME OF CEMETERY O	R CREMATORY	23d LOCATION	EOH!	NTY	
BP	Burial	3/25/	86 Hol	y Cross Po	ol. Natl	. dem. Dunda	lk Balt	imore Md.	
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR		ADORESS	21229	25a DAT	e RECID. BY REGISTRAR 2 4 1986	256 REGISTRARYS	SIGNALURE	
(VRA 15, 4)	Hubbard Funer	al Home, Inc		ilkens Ave	MAI	7 4 1300			



0-00583	FOR 1 - STATE	DE	PARTMENT OF	E OF MARYLAND MEALTH AND MENTAL HYG	GIENE 8 5	06/85
a	REGISTRAR			ICATE OF DEATH	REG. NO.	
0.5	I. DECEASED NAME FIRST {TYPE OR PRINT}	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR P.
		EORGE		OLTANSKY	MARCH 14, 198	
(1)	MA LE	CAUCASIAN	S. DATE		6 AGE (IN YEARS LAST BIRTHDAY) 85 YRS	IF UNDER TYEAR IF UNDER 24 HRS
X	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY) RUSSIA	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	BALTIMORE COUNT	
A PA	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the	BALTIMORE	2420 HUNT D	OR. 212	69	TYPE OF WORK FOR MOST OF WORKING MERCHANT	RETAIL
filled in	MARYLAND	AS OR OTHER INSTITUTION GIVE RESIDENCE OUNTY 134. CITY O BALTO	OR TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COL 2420 HUNT DR	21209
mpletely	14. FATHER'S NAME FIRST MENACHEM MI	ENDEL BOLT	ÄNSKY	15 MOTHER'S MAIDEN NA FIRST MALKA	WE	UNKNOWN
licol d co	160 WAS DECEASED EVER IN U.S	. ARMED FORCES? 166 SOCIA	AL SECURITY NO.		UEL BOLTANSKY	
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certificate t ing physicia rbonpapers r removal.		er anly ane cause per line (a) (a). USED BY: DIATE CAUSE (a)	Parkan	c caranim		APPROXIMATE INTERVAL BEAWEN ONSET AND DEATH LUCULUMANTA
that the death J by the ottend ease remove co ol, crematian. o	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON				
signed signed hen pl to buri ijury, a		nt conditions <u>contributin</u>	NG TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART Ita
on. hos been t permit I ene prior	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\sigma \) NO \(\sigma \)
CIAN- Ti g physica entificate iol-transit ntol Hygi	OB COLUMN TO CALLER O	FOEATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DING PHYS or attending After this can the bury olith and Me	OK CONTRIBUTING LAUSE OF CITY MEDICAL EXAM	21e PLACE OF INJURY (AT HOME STREET FACTORY.		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN putal or TTOR: Af for use a of Health	saw the deceased aliv	aspital) attended the deceased e on d goti view the body after death	19 10	nd that in (my) (aur) apinian	death occurred an the date and ha	, 19_6, that (1) (we) last
SPITAL OR A SPITAL OR A SPITAL OR A SPITAL OIRE DE DE deroched e State Dept.	The sicolations name	1 alm	1.0	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/14/86
TO HOSPITAL etoined by the TO FUNERAL should be det with the State IMPORTANT.	DR. JOHN N	IANN		611 PARK		LTO., MD
F 2 F 2 7 7	23a. BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	BURIAL	3/16/86		EMUNAH (AITZ C		MD
DHMH - 16 60M 7/B4 (VRA 15, 4)		LEVINSON & BROWN RD. BALTO.M	DDM133 .	75a. DAI	AR 1 8 1986	TRAP'S SIGNATURE



0-00637	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		8 5 REG. I	NO.	6 /	8 5
	DECEASED NAM	NE FIRST	A	MIDDLE	L	AST	20	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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2120		E LIE NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)						1010
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	22h SIGNAT	URE	Min	denny		DEGREE ATTENDI PHYSICI	DING MI	EDICAL STA	AFF ICIAN []	224 DATE :	SIGNED 4/ SO
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CALL AND SHEET AND SHEET	230. BURIAL, CREM	ATION, REMOVAL	3/15/			emetery or cremat ne Park Cen		3d LOCATION	.more,	Migunity	STATE
BP	24 FUNERAL DIREC		3/13/	00	Lorran			DAILI			IDE -
DHMH - 16 60M 7/84 (VRA 15, 4)		L-WIEDEF	ELD HOME	, INC.	6500	York Rd	Carrier 1	8 1900		THE ASSOCIATION	y N.C.

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TO	1	8	ar ci	Say town of DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIV		HOS PIT		USUAL OCCUPAT E OF WORK FOR MOST RETIRE	DE WORKING HEEL IN	KIND OF BU DUSTRY EIAIL	
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april 1	1/1	-	16a V	AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	NCES	ADDR	ESS	UH!	_
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-	or de			IMMEDIA	TE CAOSE (d)	V		1		T-10-		
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1 .	Post per	9	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATE		ED 20	AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF D	USED DEATH?
CIAN T physic	of tramit of tramit to flyg on 18 sh	0	AL CER	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	21c HOW INJUR	RY OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 O	RPART 2)	This
G PHYSI Intending	the burn and Mer and Mer		MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET		CITY OR TO	OWN CC	DUNIY	STATE
MICHAEL PA	True of Health			220 I certify that (I) (this hosp	3/2		and that in (my) (au	19_ 86 , t	o3,		that	(I) (we) last
of the second	and to			abave, (I) (we) (did) (did no	at view the body after death.		DEGREE	Topinian deam	accurred an the c		2c DATE SIGN	
0 141	destoch destoch inte De	,		Howard K	Osen MD		ATTE PHY		DICAL STA	VFF	3/2/86	
HOSPI toined is	hould be de off the Stat			H. ROSEN	O M D		7620	York	Ra	Towson	ma	121204
2.5	1 5		23a B	URIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OR CRE	MATORY 23	LOCATION CITY OF TOWN	COU	NIY	AATE
BP_	-		1	DURIAL	3-5-86	NEW	ATH. C	EH.	DALTO	•		MD.
	DHMH - 16 60M 7/84 (VRA 15, 4)			NERAL DIRECTOR	KARDA 2828	Mess HUNG	N ST.	250. DATE REC	A TOOR	25b. REGISTRAR'S	SIGNATURE	date

Chicao AND THE REAL PROPERTY OF THE P

00-01454		FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	0 6	/ 3 3	5
		DECEASED NAME FIRST	MIDDLE	2	AST	2a. DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR	
2 000	7	Evelyn	G.	Bote	ler	3/21/	86	110	M
2 0	3.	SEX /	4 RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER LA HRS	
4 95 C		Female	CAUCASIA		19 05	80	YRS.		
E 52 -9	7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	гн	
13 15 3/	0	Maryland	LISA	WIDOWE		Baltimo	re Count	(/ N	AD.
1 100	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATI		NO OF BUSINESS O	R
5 1 3 6	1	Towson	StEllA MI	ARIS HO	Spice	Sales		t. Store	
S IS	13	UAL RESIDENCE (IF NURSING HOME OF		E BEFORE ADMISSION) R TOWN imore	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 211 A RG	ZIP CODE odgers For	ge Rd. 2	— 21212
A YA TEL	14	FATHER'S NAME			15 MOTHER'S MAIDEN NAM	AE .	0		
AND STATE	2	Jessie Art	nur Newman	AST	Ida P	riscilla Gi	riffith	LAST	
8 2 0 9 Pm	<i>jj</i> 16	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE		R	Rd.
S C S		(YES NO OR UNKNOWN) (IF YES, GI	WAR OR DATES)	01-5920	Mr. Carroll	H. Boteler	211 A R	odgers Fo	orge
ON ST. BALL		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly ane couse per line far (a), D BY: TE CAUSE (a) R C C	THI DIE	ecl .		A 861'	PPROXIMATE INTERVAL WEEN ONSET AND DEATH	н
thur references		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	A					
RDS, 26	3	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CON	DITION GIVEN IN PA	RT Ira	
The best of the be		19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES [
CLAN TO PAYED AND AND AND AND AND AND AND AND AND AN	100	000000000000000000000000000000000000000	HOUR A.M. MONT	TH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART TORPA	RT 2)	
NVISION SCHOOL SCHOOL Charles by A fee by Ford Me	7	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY,	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	WN COUN	TY STATE	
ATTENDO Approximately a CTOR: a of the use of the use of the use of the use			2/4,	19 <u>86</u> , ai	3/21, 19 86 and that in (my) (aur) apinian d	, ta leath accurred an the de			ast
TAL OR KAL DIRE		22b. SIGNATURE	ullever	MD	*	MEDICAL STAI DIRECTOR PHYSIC	FF 3	DATE SIGNED 3/21/86	
Project A Projec			Faulkner, M.		2300 Dulaney			n, MD 212	:04
D.D.	23	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/24/86		awn Cemetery	23d LOCATION GITY OF TOWN Baltime	ore, Md.	STATE	
br	24	FUNERAL DIRECTOR	1 3/21/00	HOUGH		REC'D. BY REGISTRAR		SNATURE	_
DHMH - 16 60M 7/8- (VRA 15, 4)	4	MITCHELL-WIEDEF	ELD HOME, INC	DRESS 6500	York Rd.	140 4	S A A A A A A A A A A A A A A A A A A A	- CONT	

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Min 24

requires that the death certificate be

OR ATTENDING PHYSICIAN The law te hospital or attending physician.

TO HOSPITAL OR ATTEN

BP.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -	- STATE REGISTRAR			DEFARIT		ICATE OF DEATH	REG. N	Ο.				
	CEASED NAME	FIRST	MIDDIE			AST.	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR					
(TYPE	ORPRINT)	ABEL E	BOUGHTER				MARCH 20,		86	100		
3. SE			RACE		5. DATE O	F BIRTH	6 AGE IN YEARS LAST BE	THDAY) IF	UNDER I YEAR	IF UNDER 24		
मन	EMALE	100	WHITE JAN			07,1914 YEAR	71	YRS.	NIHS DAYS	HOURS		
	IRTHPLACE STATE OR	FOREIGN 71	75 CITIZEN OF WHAT COUNTRY?				9. BALTIMORE CITY C		FDEATH			
-	COUNTRY) ENNSYLVANI		USA		WIDOWE	DINEVER MARRIED L	BALTIMORE	COLINITIV				
	ITY OR TOWN OF DE		1. NAME OF		NG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND O	F BUSINESS		
HZ	ALETHORPE		1 IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5905 OAKLAND ROAD				HOUSEWIFE	OWN HOME				
USU	AL RESIDENCE (IF NUR	SING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)				OVIL 1	IOTAL		
	ARYLAND	BALTI		HALETHO		YES NO X	5905 OAKL		D 21	227		
	ATHER'S NAME	DAULT.	HOILE	TIMEDITIO	14.15	15 MOTHER'S MAIDEN NA		LIVE TOI	212	221		
CI	HARLES A.	SCHWAR	DE LAST			TENNITE M 1	JENNIE M. RINEHART					
	WAS DECEASED EVER					IZ INFORMANT ADDRESS						
N	YES, NO OR UNKNOWN)	I IF YES, GIVE	ve war or dates) 217-24-7293			CATHERINE KELLY 5905 OAKLAND ROAD 21227						
IW	18 CAUSE OF DEA					APPROXIMATE INTERVA						
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA				AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	T 1 OR PART 2)				
MEDICAL	214 INJURY OCCUP	RRED		OF INJURY REET, FACTORY, OFFICE I		211 LOCATION	CITY OR TO	COUNTY	STAT			
W	MAT WORK NOT W	ORK	(AT HOME SI	REET, PACTORY, OFFICE T	FARM EIC J	O O	17					
	220 certify that (1) (this hospital) attended the degreesed from 1985, to March, 1986, that (Twe)la											
	sow the deceased alive in 3/19 19 86, and that in (my) (our) printing death occurred on the date and hour and from the causes stated above, (I) (we) (didy did that) view the body after death.											
	226. SIGNATURE		7 _		11	DEGREE		22c. DATE SIGNE				
	KU	tu/	au	101/1	M	ATTENDING PHYSICIAN	MEDICAL STAFF STAFF DIRECTOR PHYSICIAN 3/21/86					
1	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS						
	DR. RUTH	KANTO	3			INTVERSITY	ITY HOSPITAL PRATT & GREEN STS.					
23a. 8	BURIAL, CREMATION			236.1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			0137		
E	ÜRÏAL		3/24/	86 MI	EADOWR	RIDGE	DORSEY	HOW	ADD N	ARYI A		
	LINERAL DIRECTOR		-, -1/	1111			E REC'D BY REGISTRAR					

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, at removal.

AMBROSE FUNERAL HOME 1328 SULPHUR SPRING ROAD

MAR 2 1 1986



TO FUNERAL DIRECTOR. Afreshould be detached for use as with the State Dept of Health

STATE OF MARYLAND FOR STATE VC 10020020

March Funeral Homes 1101 East North Avenue

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

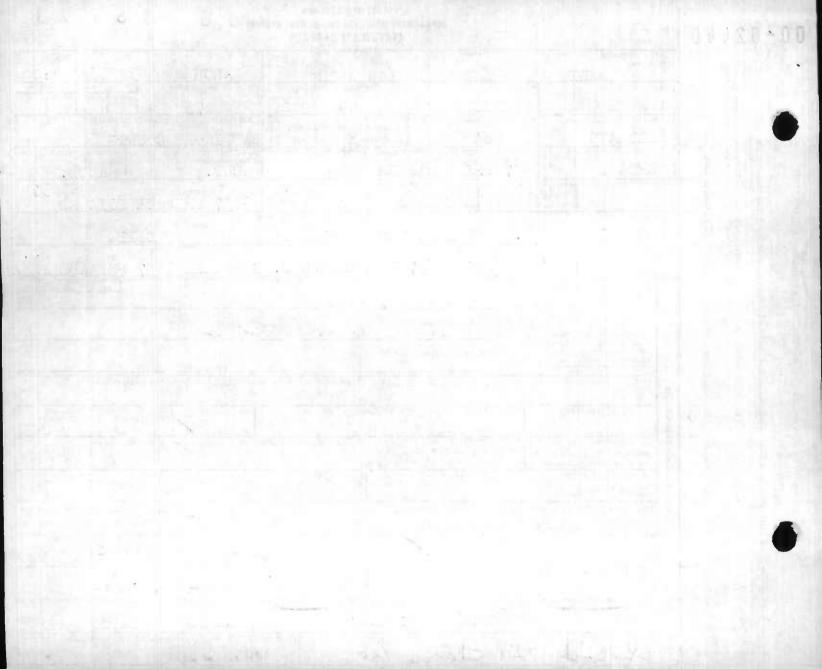
	REGISTRAR AC 100	29030		CEKITI	ICAIE OF DEATH		REG.	NO.					
	CEASED NAME FIRST		MIDDLE	L	AS1	2a. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR		
(179)	SAM			BOI	JLAR	MARCH	3.	1986			7:48 PM		
3 SEX 4 RACE					OF BIRTH	6 AGE (IN YE			IF UNDE	RIYEAR	IF UNDER 24 HRS		
	MALE	BLACK	JUN	E 4, 1927	58 YRS. 1				DAYS	HOURS MIN.			
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMO	RE CITY	OR COUN	Y OF DE	ATH			
	OUTH CAROLINA	U.S.	Α.	WIDOWE		BALT	IMOI	RE COU	NTY		MC		
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL C			126. KIND OF BUSINESS OR				
1	ORT HOWARD	VA ME	DICAL CE	NTER		BRICKM	ASO	N WORKING	LIFE) INL	USTRY			
13a	AL RESIDENCE (IF NURSING FORE COL STATE 136 COL 1ARYLAND		130 CITY OR TOW BALTIMO	N	134 INSIDE CITY LIMITS?	13e STREET A					/01016		
-	ATHER'S NAME		DALITHO	NE.	YES X NO		PRES	STMAN	STE	REET	/21216		
)	FIRST	MIDDLE	LAST		FIRST	VIL	MIDDLE		OT A	LAS	51		
	DAVID	DIVED CODCECS	BOULAR	DITVAIO	BESSIE		ADD	DECC		DDE			
160	VAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) YES (IF YES, G	W.W. II	250 32 (Geraldine B	coular cords,	150 VAM	9°Pre C, FOR	sstm T HC	an S WAR	Street D, MD		
	18 CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
- 0	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	VENTRICUI	LAR F	IBRILLATION	5-1				2 1	HOURS		
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	- \ DUE TO, O	R AS A CONSEQUE PROBABLE R AS A CONSEQUE	MYOCA	ARDIAL INFARCT	TION		15		2 1	HOURS		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0												
NO	PERIPHERA				THE TOTAL TENNE	THE DISENSE	0			· AKT I			
PERIPHERAL VASCULAR DISEAS 190 DATE OF OPERATION 190 CONDITION FOR WHICH 210. ACCIDENT WAS UNDERLYING 210 TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY IAI MOME STREET, FACTORY, OFFICE F					N WAS PERFORMED	IN CERTIFYI				WERE FINDINGS USED ING CAUSES OF DEATH?			
CER	210. ACCIDENT WAS UNDERLYING	LIOUD A	FINJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTERNAT	URE OF IN	JURY IN ITEM 18	PART I OR	PART 2)	1		
AL	OR CONTRIBUTING CAUSE OF D	EAIR	M. MONTH D	19									
MEDIC	214 INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN			co	COUNTY STATE			
9	22a L certify that (NX)(this hospital) attended the deceased from JULY 31 19 85 to MARCH 3 19 86 saw the deceased alive an MARCH 3 19 86 and that in XV) (aur) apinion death accurred on the date and haur and Liam the above, (NX) web/(did) (did NX) view the body after death.												
	22b. SIGNATURE DEGY THE BODY OHE GEETS. DEGREE									22c. DATE SIGNED			
	ruk	avan	1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					3-4-86				
0.7	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			A					
	PRADIP KANA	NI, M.D.			VAMC, FORT H	HOWARD,	MD	21052					
	BURIAL, CREMATION, REMOVA	L 23b DATE	23c M	NAME OF C	EMETERY OR CREMATORY	23d LOCA	TION	+3-3/	COUN	ITY	STATE		
	BURIAL	3/10	/86 Ga	rriso	n Forest VA	Owi	ngs	Mills	,	N	1d.		
24 F	UNERAL DIRECTOR				25e DAT	E RECO. BY R	GISTRA	R 25b. REGIS	STRAR'S	SIGNAT	URE		

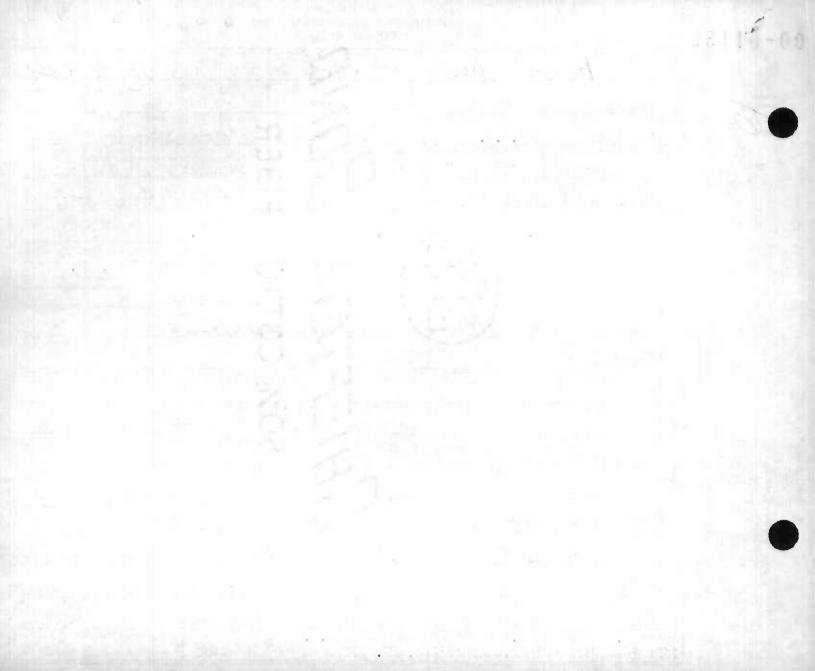
DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If he



00 ÷ 02440 1 - FOR STATE REGISTRAR					STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 6 7 9 1 CERTIFICATE OF DEATH REG. NO.									
		6	I. DE	CEASED NAME FIRST	MIDE) IE	LA	ST		20. DATE OF DEATH	AONTH DA		Zb. HOUR P	
•	pe	poge 3	(TYPE	OR PRINT) MARIE	ANN	I	BOULWARE			MARCH	30		4:00m	
	noy	od a	3. SE		4 RACE		5 DATE OF BIRTH MONTH DAY YEAR			AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	HOURS MIN.	
	4	s offi	F	EMALE	WHITE		11 09 1912		2	73	YRS			
	Pog	dire hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8 MAPPIED	NEVER MARRIE		9 BALTIMORE CITY OR COUNTY OF DEATH				
	death. Page	15 TES	M	ARYLAND	USA 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		WIDOWED ADDRESS)		D .	BALTIMORE			MD.	
	e de	be de la	10 C	TY OR TOWN OF DEATH					NC	12a USUAL OCCUPATION OF WORK FOR MOST OF	F BUSINESS OR			
-	s of	E DO		SEDALE	8057 PHILADELPHIA RO			ROAD		ACCT. ACCT				
ND 2120	24 hour	filled in	13a S IV	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY 113	VE RESIDENCE BEFOR IC CITY OR TOW ROSEDA	E YESX NO [136. STREET ADDRESS 8057 PHILADELIH I			21237 RD	
IARYLA	o within	And Carlo	14. F/	JAMES	MULLANEY Sr			ABIGAT		MIDDLE	DEI	TZ		
Ä,	ecute	es i co	16a. \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	b. SOCIAL SECU	JRITY NO.	17. INFORMANT	11.11	ADDRE			RD.	
MO	0	Pages medica	,	YES, NO OR UNKNOWN) (IF YES, GI)	A 2	219165	751	ANDREW	S.	BOULWARE	8057		DELPHIA MATE INTERVAL DISET AND DEATH	
S, 301 W. PRESTON	ires that the death	igned by the attend en please remove ca 3 burial, cremation, o ury, ar ather traumat		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OR A	AS A CONSEOU HTRIBUTING TO	PR ENCE OF	L EN GS		CL CVA	DITION GIVE	N IN PART 1(D)	
DIVISION OF VITAL RECORDS,	e low requ	te has been si ssit permit. The giene prior ta shows ony inju	CERTIFICATION	19a DATE OF OPERATION	OPERATIO	PERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDIN IN CERTIFYING CAUSES 1 YES NOW YES					NGS USED OF DEATH? NO			
OFVITA	ICIAN: Th	certificate inial-transit ental Hygie frem 18 sho	3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. P.M.	MONTH D	AY YEAR		OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PA	RT 1 OR PART 2)		
IVISION	dG PHYS	After this of a street of the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	F INJURY T, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET		CITY OR TOV	1	COUNTY	STATE	
	TTENDIN	TOR: for us of He		22a. I certify that (I) (this hospital) attended the deceased fram										
	AL OR A	AL DIREC letoched ste Dept. T: If Item		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH										
	HOSPIT	TO FUNERAL 15 should be deta with the State IMPORTANT: H		224. PHYSICIAN'S NAME (TYPE	OPPRINTY			22. ADDRESS 227 6	. B.	10 BAGO	neg 2	1221		
	ρ <u>1</u>	P	230.	BURIAL CREMATION, DEMOVA	23b. DATE 4/02/		NAME OF C			23d LOCATION CITY OF TOWN BALTO	Ē	SALTO	MD STATE	
	DH	MH - 16 25M	24	UNERAL DIRECTOR	1)11	ADDRESS	1		25a. DATI	APP A 100		KAK'S SIGNA	I UKE	





	1	FOR STATE		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE & 6	00,
17/	L	REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	THE STATE OF THE
D		CEASED NAME FIR	RST	MIDDLE	EAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1		C●1	rtilda	S.	Bowie	3	5 86 7:20
	3. SE	Х	4 RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONIHS DAYS HOURS M
1		Female	White		8 24 1890	95 yı	RS
19	100	RTHPLACE (STATE OR FOREK COUNTRY) New York	ON 76. CITIZEN OF	A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore,	
	10 C	Towson	(IF NOT IN SU	HOSPITAL, NURSIN JCHFACILITY, GIVE STREET Lambourne	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!! Home Maker	126. KIND OF BUSINESS INDUSTRY Home
e de	USU	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	N GIVE RESIDENCE BEFORE	ADMISSION)		1
\$			Balte.	13c. CITY OR TOW Towson		13e STREET ADDRESS / ZIP C	
		ATHER'S NAME	knewn	LAST	15. MOTHER'S MAIDEN N		LAST
0	16a \	WAS DECEASED EVER IN U		166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
medi	1	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	215-76-8	649 Chester C.	Bowie Same as	13e
ent, the	1	18 CAUSE OF DEATH IE		er line for (a), (b), and	dieni		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
troumotic eve		Conditions, if ony, wh	ore)	OR AS A CONSEQUE	BiTUS, MUL		RE 3 MOS
ny injury, or other troumotic eve	ATION	Conditions, if ony, wh gove rise to immedia cause 101, stating underlying cause la PART 2 OTHER SIGNIFIC	DUE TO, (b) one the post. Can't Conditions	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D	ENCE OF TUS, MUL; ENCE OF (ZE) AR DEATH BUT NOT RELATED TO THE TER	TERLOSCLEERO MINAL DISEASE OR CONDITION	SCA 3 MOS
hows any injury, or ather traumatic eve	RTIFICATION	Conditions, if ony, wh gove rise to immedicause (a), stating underlying cause to PART 2 OTHER SIGNIFIC	DUE TO, (b) of the the DUE TO, (c) ODE TO, (c) ODE TO, (d) ODE TO,	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH	ENCE OF TUS, MUL; ENCE OF AR CAL (ZE) AR DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	MINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO IN CE	I GIVEN IN PART I I O FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
X	CERT	Conditions, if ony, wh gove rise to immedia cause 101, stating underlying cause later of the cause later of	DUE TO, (b) one the dost. CANT CONDITIONS C	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA	ENCE OF US, MUL; ENCE OF CZEO AR DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 21c. HOW INJURY OCCU	TERLOSCLERO MINAL DISEASE OR CONDITION 200 AUTOPSY? 206. 1	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
Sem 9	CAL CERT	Conditions, if any, wh gove rise to immedia couse to immedia underlying couse to PART 2 OTHER SIGNIFIC	DUE TO, (b) one of the order of	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY	CAY YEAR 19 211 LOCATION	MINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO IN CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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Tuneral Form PA 1407 Old Eastern Ave

Holy Cross Cemetery

North Arlington, N.J.

BY REGISTRAR 23% REGISTRAR'S SIGNATURE

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4 may be to, page 3 offer death		E	MIDDLE D.	Brown 5. Date of Birth NONTY DAY YEAR	20 DATE OF DEATH MONTH 0 3 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR A 10 32 M
er death Fage writte 72 Nours	4	EIRTHPLACE (STATE ORFOREIGN 76 COUNTRY)		BMARRIED NEVER MARRIED NIDOWCED NO NO OTHER INSTITUTION	9 BALTIMORE CITY OR COU Baltimore C	NTY OF DEATH OUNTY MD. 126 KIND OF BUSINESS OR
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DHMH - 16 60M 7/84 (VRA 15, 4)	24	FUNERAL DIRECTOR NAME STEWANT FUNE	Y/5/86 1/1) val Home ADDRESS	Salisbury 1 250 DAT	PR 02 1986	Dorchester Mar GISTRARS SIGNATURE Deviden Rinder

70074	-	FOR STATE REGISTRAR			MENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	REG. N		6 / 9 9
1 31 3		Mr. Wil	mot De	wey Brow	n		2a DATE OF DEATH	26 HOUR 22 4 A	
	Ma		Caucasi	ian	5 DATE OF MONTH	DAY YES	87	785	IF UNDER 24 HRS
TES	100000	RTHPLACE (STATE OFFICE OF TOTAL ON TON TOTAL ON	United	States	MARRIED	NEVER MARRIED D	Baltimore Co	DEATH	
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the hospital or of ATTENDIN the hospital or or AL DIRECTOR. After the proched for use of the Dept. of Health it if them 21 is more.		22a I certify that (I) (this has sow the deceased alive a obove, (I) (we) (did) (did r 22b. SIGNATURE	3-	6- 10 8	(6, one	that in (my) (our) opinion GREE ATTENDING PHYSICIAN	MEDICAL STAI	FF 4/	nd from the couses stoted 22c. DATE SIGNED 3 - 6 - 86
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		PEGFY)	236. DAIL	23(. F		WEIERT OR CREMATORY	CITY OR TOWN	c	DUNTY STATE

Lake View Memorial Park

DHMH - 16 60M 7/B4 (VRA 15, 4)

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24 FUNERAL DIRECTOR LOVING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

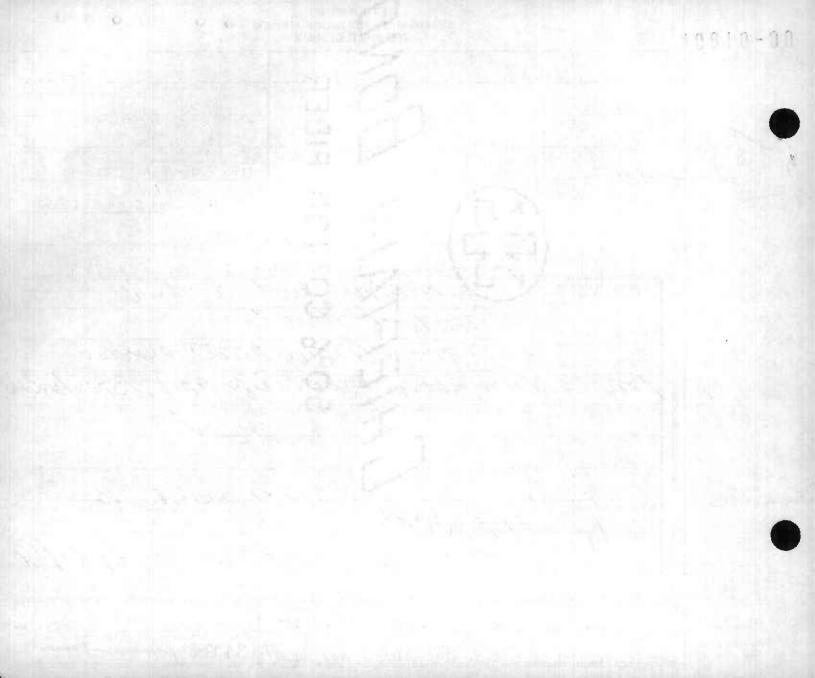
Carroll Sykesville Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

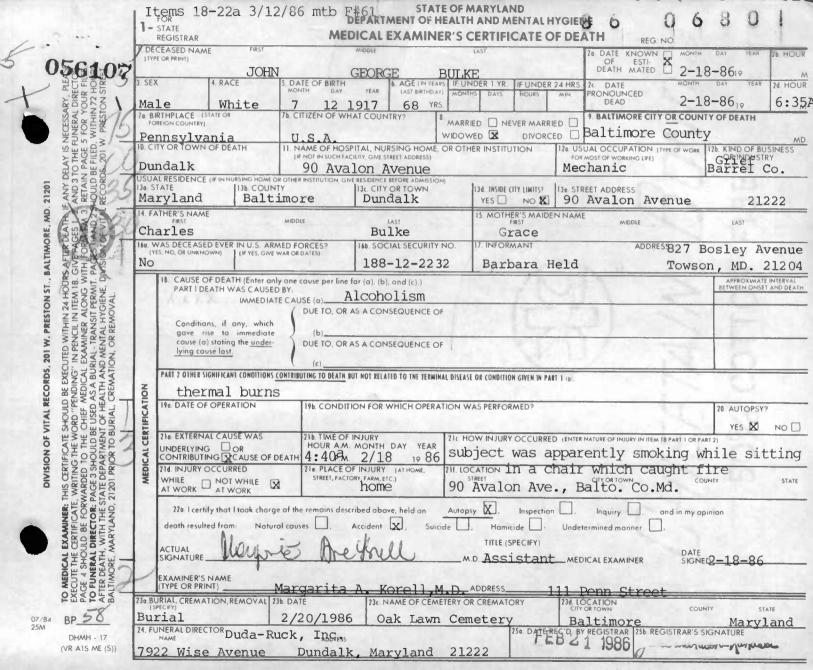
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P	0.0	Maryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVOR	Darezmore	
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ovol		18 CAUSE OF DEATH Enter and PART I. DEATH WAS CAUSED	y ane cause per lute (a) (a).	General Many	and Cana	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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n, or moti			DUE TO, OR AS A CON	SEGVENERORE DE	ua	
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crem		cause (a), stating the underlying cause last.	DUE TO, OR A PA COM	SEQUENCE OF CLOST	To hear a	esserge !
or or			(c)			
Then property.	NO	PART OTHER SIGNIFICANT C	OF IT ON SCONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OF TOWN	I GIVEN BARROL
prior prior	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION WAS PERFORME		b. IF YES, WERE FINDINGS USED
o de la company	E	DESCRIPTION OF			YES NO	YES NO NO
Hy9	E E	210. ACCIDENT WAS UNDERLYING	116 TIME OF INJURY	H DAY YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
ter	CAL	OR CONTRIBUTING CAUSE OF DEA: (IF EITHER NOTIFY MEDICAL EXAMINER)	In .	19		
E S	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
rked	2	WHILE NOT WHILE T	TAT HOME STREET PACTORY, C	OFFICE PARM EIC)	1000 3.104	0. ~
s mo		220.1 certify that (1) (this hospit	of) attended the deceased	from	9 1 1 10	. 19, that jh (we) last
of H 21.	12	saw the deceased alive on obove, (1) (ye) (did) (did not	3//3		opinion death accurred an the date	and have and from the causes stated
ept hem		226. SIGNATUM	16200	DEGREE		221 DATE SIGNED
T. If	13	un		ATTEI PHYS	NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN	1 3/28/86
TANT TANT	1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		1
with the Sta		Marin		St. Agr	nes Hospital	
, 3 ≤ 4	230	BURIAL, CREMATION, REMOVAL	236 DATE	23¢ NAME OF CEMETERY OR CREA	MATORY 23d LOCATION	COUNTY STATE
		Burial	3/29/86	Loudon Park Ceme	etery Baltimore	Maryland
5 60M 7/84	24 F	UNERAL DIRECTOR :	ADE	DRESS 21229	250 DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
15, 4)	H	bbard Funeral H		07 Wilkens Ave.	MAR 3 1 1986	ma Davidson-Mandelle

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.





Jarrettsville, Md.

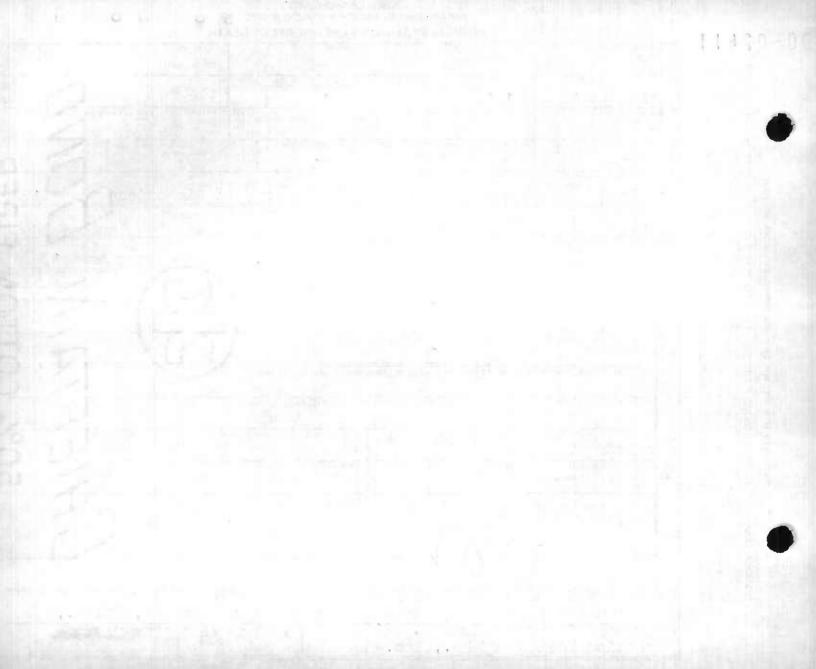
Benjamin W. Kurtz

(VRA 15. 4)

STATE OF MARYLAND



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	SE S		ID. C	TY OR TOWN OF	DEATH	11 NAME OF HO	SPITAL, NU	RSING HOME	, OR OTH	ER INSTITU	TION		AL OCCUI	PATION (TYPE OF W	ORK I	b. KIND	OF BUS	INESS
	ACATA	X.	100	Relay				rdson I	APTAIS	212	27	POR?		A				DUSTR'	ī
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	IRS AFTER DEATH. IF ANY DELAY IS NE. GOVE PAGES 1, 2, AND 3 TO THE FUL. WITH FORM PM. 3. RETAIN PAGE 5 I. PAGES 1 AND 2 SHOULD BE FILED. M. DIVISION OF VIJA I. RECORDS, 201 W.	1	(Y	ES, NO, OR UNKNOWN	(IF YES, GIVE W	VAR OR DATES			NO.			-		ADDŖ			11		
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	TO MEDICAL EXAMINER: TO EXCUTE THE CENTRICATE PACK 4 SHOULD BE FORM TO FUNERAL DIRECTOR PACKER DEATH, WITH THE ST	¥ -		(TYPE OR PRINT)		gory R.							Penn	St.					
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STATE OF MARYLAND

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T KOD	H	ARYLAND	U.S.A.			pere County MD.
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2/35	130.	STATE 126 COUL		A		S / ZIP CODE 21229
1 Torsion	14 F	ATHER'S NAME	WIDDLE	IS MOTHER'S	MAIDEN NAME	
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TO HOSPITAL retained by the TO FUNERAL should be det with the Store MAPORTANT.	22	Keith A. Ma				wson, Maryland 21204
		BURIAL, CREMATION, REMOVAL (SPECIFY)		23c. NAME OF CEMETERY OR CF	CITY OR TOWN	COUNTY STATE
BP		rial UNERAL DIRECTOR	3-18-86	Druid Ridge	Balto.	Md. R 256 REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	10	NAME		DRESS 1050 York Rd.	MAR 1 8 1986	M .

Nellie I. Burrs 3 21 86 Pembale Fame	tracal	FOR			DEPART		E OF MARY EALTH AND	LAND MENTAL HYO	SIENE 8	6	0	6 8	0 6
Nellie I. Butts 3 21 86 Pemale	37636					CERTIF	ICATE OF	DEATH		REG. NO),		· ·
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while at work Not white Not white Not white Not white Not work No	tem tem	(IF EITHER NOT		1			F-800						
220. I certify that (I) (this hospital) attended the deceased from 11/25 19.85 to 3/21 19.86. That (I) (this hospital) are the deceased alive as 1/28 19.86 and that in (my) (our) apinion death occurred on the date and hour and from the causes stee attending medical staff 270. Date Signed 270. Date Signed ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 3/21/86 271. Date Signed 272. Date Signed 273. Date Signed 273. Date Signed 273. Date Signed 274. Date Signed 275. Date Signed 275. Date Signed 276. Date Signed 276. Date Signed 276. Date Signed 277. Date Signed 278. Date Signed 278. Date Signed 278. Date Signed 279. Date Signed 270. Date Signed 270. Date Signed 270. Date Signed 271. Date Signed 272. Date Signed 273. Date Signed 273. Date Signed 274. Date Signed 275. Date Signed 276. Date Signed 277. Date Signed 276. Date Signed 277. Date Signed 276. Date Signed 277. Date Signed 278. Date Signed 278. Date Signed 278. Date Signed 279. Date Signed 270. Date Signed		21d INJURY O	CCURRED							CITY OR LOW	/N	COUNTY	STATE
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226. SIGNATURE R. Woo dward MD PHYSICIAN DIRECTOR PHYSICIAN 3/01/86 226. PHYSICIAN'S NAME (IVPE OR PRINT) 227. DATE SIGNED ATTENDING MEDICAL STAFF 3/01/86 227. DATE SIGNED 3/01/86 228. DATE 228. DATE 238. DATE	21 is	saw the c	deceased oliveran	1/28	19.5		id that in (my	() (our) opinion	death accurred	on the do			
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a Thought	STYPE	CEASED NAME OR PRINT! JOH!		Edward	MIDDLE	CAI	RNS		REG. NO. 20 DATE OF DEATH MONTH MAR. 2	1,1986	1 HOUR PM
	3. SE)	Male		4. RACE Whit	e	Dece	ember 15,		AGE (IN YEARS LAST BIRTHDAY)		HOURS MIN.
O4 14.35		RTHPLACE (STATE OR FI	OREIGN	76 CITIZEN OF	what country?	8 MARRIE WIDOWE	NEVER MARR	IED 1	BALTIMORE CITY OR CO		174 45
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STATE OF MARYLAND

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	death.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within American after death. Page ed by the hospital or attending physician.
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			STAT	E OF MARYLAND	o*b :	^	
881	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE Ö Ö	U	0 0 1 4
	DECEASED NAME FIRST	MIDDLE	-1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
1	Mr. Jose	ph Salvat	ore Caro	nna	March 13	1986	12:39a M
3. S	SEX	RACE	S. DAIL		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDI	DAYS HOURS MIN.
M	ale	Caucasian	July	20 1964	21	YRS	
70 M	BIRTHPLACE ISTATE OR FOREIGN	United States	MARRIE	D NEVER MARRIED DIVORCED	Baltimore Co		EATH MD
3	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Baltimore Col	AL, NURSING HOME (Y, GIVE STREET ADDRESS) UNTY GENERAL	DR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		. KIND OF BUSINESS OR DUSTRY
139	SUAL RESIDENCE (IF NURSING HOME OR a STATE 136. COUN BALLIN	OTHER INSTITUTION GIVE RESI NTY 130, CIT Dre Ba	DENCE BEFORE ADMISSION) LY OR TOWN LTIMORE	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS A	ZIP CODE	21207
	FATHER'S NAME Ettore Caronna	MIDDLE	LAST	Antonina Purn			LAST
160 n	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	3-80-3807	17 MicroMichael Co 2912 Kuntz Ro		ss ltimore	21207 Maryland
	18 CAUSE OF DEATH (Enter or	ly one cause per line for	(a) (b) and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT OF BACK 190 DATE OF OPERATION	PCL 15 Y	UTING TO DEATH BUT			20b. IF YES, WER	PART Ita E FINDINGS USED CAUSES OF DEATH?
E E					YES NO	YES 🗌	NO 🗌
P 3	OR CONTRIBUTING TO CAUSE OF DE	HOUR A.M. MO	RY ONTH DAY YEAR 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OI	RPART 2)
MEDICAL	ZId INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJL (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	ZII LOCATION STREET	CITY OR TO	WN CC	DUNTY STATE
	220 I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no		sed from	nd that in (my) (our) apinion	to 3 - 1		
	27h. SIGNATURE Ollow 7 Cl	verces "	n .o.	DEGREE ATTENDING PHYSICIAN 1270 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F	3-13-86
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E	BURIAL, CREMATION, REMOVAL Interior	3-15-86	Lorraine	Park Maus.	Baltimore	Baltim	ore Maryland
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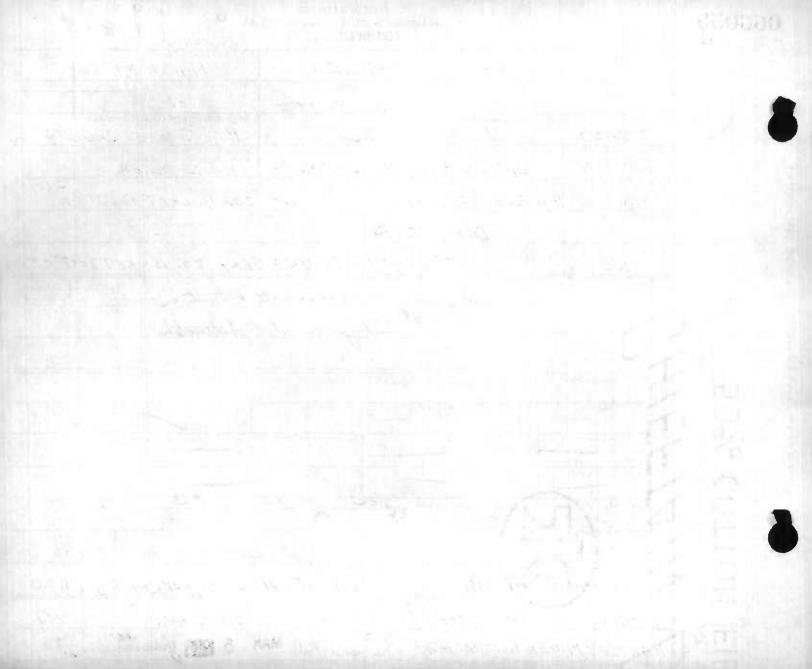
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10	1.	FOR - STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 C	NO NO	6 8	3 4
076		CEASED NAME	John		Carro]		AST	20. DATE OF DEATH		Y YEAR	26. HOUR
200	3. SE			RACE	carro	5. DATE O	AC DIDTH	6 AGE (IN YEARS LAST		UNDER 1 YEAR	4:26A M
/		Îe		Caucasia	an		25 1922 YEAR	62	YRS.	NIHS DAYS	HOURS MIN.
35		RTHPLACE (STATE OR		CITIZEN OF	what countr States	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY Baltimore		FDEATH	WE
17		ITY OR TOWN OF DEA			HOSPITAL, NUR		OR OTHER INSTITUTION	Princer FOR MO	ATION ST OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
ould be		AL RESIDENCE (IF NURS	BATCHNO		134MHHAPE		13d INSIDE CITY LHAITS?	136886048888	S POSSODE		21220
210		ather's NAME	WE	DOLE	LAST		15. MOTHER'S MAIDEN N. George Sogle	MIDDLE		LAST	
Poges 1	ye ye	MAS DECEASED EVER	Navy GIVE V		166 SOCIAL SE 220-14-		17 Mormanstelle 608 Oakdean		RESS Baltimore	М	21220 aryland
perior to buriol, cremotion, ne prior to buriol, cremotion, As ony injury, or other trauma	CERTIFICATION	Conditions, if any gove rise to immove (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	mediote ng the t last. NIFICANT CO	$ \begin{cases} & \text{Br} \\ & \text{DUE 10, 0} \\ & \text{(c)} \\ & \text{M} \end{cases} $ NDITIONS C	obable or as a consect istory ontributing to	MYOCE OUENCE OF E Of DE	Obstructive ardial Infa alcoholism eripheral v	ascular (minal disease or co	distory disease DADITION GIVEN 106. IF YES, IN CERTIFYI		NGS USED OF DEATH?
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ne buriol-tr	MEDICAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	RED /	P. 21e PLACE	.M. OF INJURY REET, FACTORY, OFFI	19	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
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e ≥ ₹	0.0	BURIAL, CREMAT,	REMOYAL	3-11-86		Druid Ri	emetery or crematory dge Cemetery			imbre M	aryland
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066055	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE O	6815
th 3		CEASED NAME FIRST	RINA	CASCIERO	20. DATE OF DEATH MONTH MARCH	3,1986 26. HOUR
де 4 тоу	3. SE	F	4 RACE	S. DATE OF BIRTH MONTH MAY 8, 1904		
deoth. Po	· ·	RTHPLACE (STATE OR FOREIGN OUNTRY) THE TALY	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED	15ALTIMORE	= COUNTY
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in 24 hours hours be	13a S		NTY / 13c. CITY OF	AIR YES NOLE	202 BUCKET	POST CT.
ompletel and 2	1	THER'S NAME	0,1211	15. MOTHER'S MAIDEN	ADDRESS	? LAST
on ond o				SECURITY NO. 17. INFORMANT 20-0510 FILOMENA	GRAY 202 BUC	KET POST CT.
quires that the death ce signed by the ottending hen please remove carb to burial, cremotion, or ijury, or other troumotic	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON-	and quatric on	ERMINAL DISEASE OR CONDITION OF	SIVEN IN PART 110
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TO HOSPITAL retoined by the TO FUNERAL should be det with the Stole UMPORTANT:	73a	220. PHYSICIAN'S NAME (TYPE R. HABEK BURIAL, CREMATION, REMOVAI	SATIMD	270 ADDRESS 214 MT C	ARMEL RD, PARKTI	W,MD 21120



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST 20 DATE OF DEATH MONTH 26 HOUR 6 WTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR DATE OF BIRTH FUNDER 24 HPS MONTH YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY OWSON HOUSEWIFE AT HOME SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS APT. 209 In STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? BALTIMORE 6300 RED CEDAR PLA. #21209 MARYLAND 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST ALBERT ALBERT SALLY ROSENFELD JOSEPH CAUSTN'S 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT APT. 209 (YES, NO OR UNKNOWN) 6300 RED CEDAR PLA. BALTO., MD NO 059106780 21209 18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: thrombosis with agrangeene IMMEDIATE CAUSE 10). DUE TO, OR AS A CONSEQUENCE OF abdominia Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last probable calon carcer PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG IVEY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

DEGREE

211 LOCATION

MEDICAL

COUNTY

abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATUR

22a.1 certify that (1) (this haspital) attended the deceased from 3/29 19 86

PHYSICIAN DIRECTOR X PHYSICIAN 22e ADDRESS Stella Maris

ATTENDING

22c DATE SIGNED

STATE

LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED

NOT WHILE

Kendall Faulkner, M.D.

2300 Dulanev Valley Rd. - Towson, MD 21204

CITY OF TOWN

and that in (my) (aur) apinian death accurred on the date and have and from the causes stated

230 BURIAL CREMATION, REMOVAL REMOVAL/BURIAL

23c NAME OF CEMETERY OR CREMATORY RIVERSIDE

ROCHELLE PARK

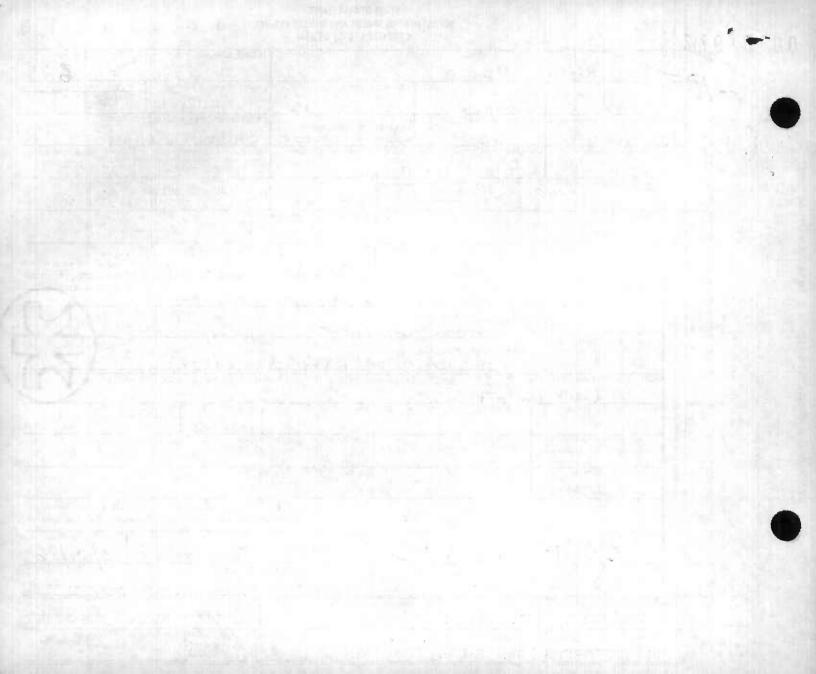
NEW JERSEY

24 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC.

6010 REISTERSTOWN RD. BALTO., MD 21215 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

MAR. 30,1986



	(STATE OF MARYLAND		
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			STATE OF MARYLAND
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

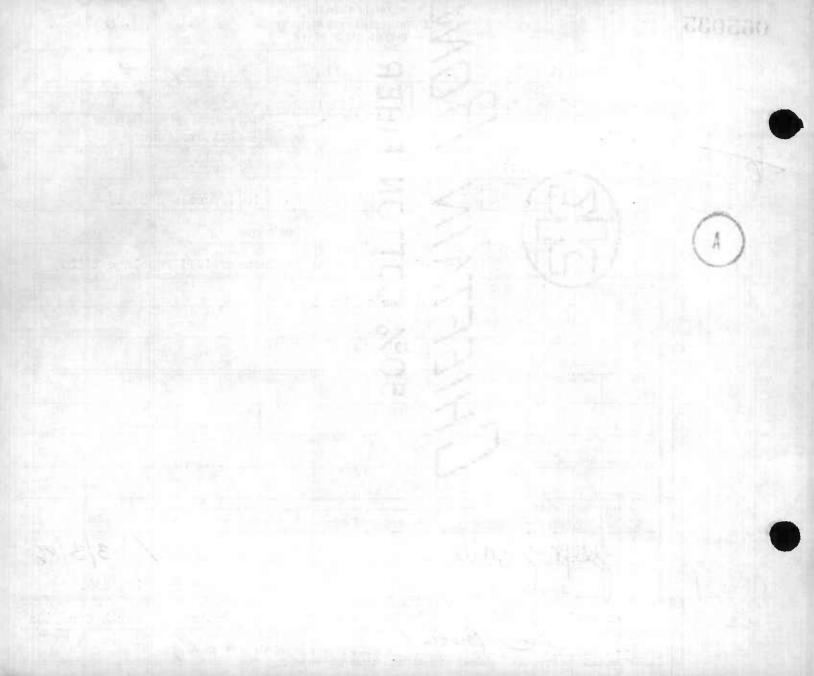
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1201	<	TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the depth certificate is swedting within 24 pour retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician in Common that should be detached for use as the burial-transit permit. Then please remove carbon papers.	with the state Dept at neatin and wentan Hygiene prior to borbo, cremation, at remayor. IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, at other traumatic event, the migrical component men
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110	REGISTRAR			CERTI	ICAIL OI DEATH		RE	G. NO.			
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	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES. C	ARMED FORCES? GIVE WAR OR DATES)	228-12-1		Charles Fu	unkho		DDRESS	Fusel	age 2	1220
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	BURIAL, CREMATION, REMOVA	L 236 DATE	23c 1		EMETERY OR CREMATO	ORY	23d. LOCATION				
	(SPECIFY) Removal	3/2/8	6 P	elham	Cemeterv		Pell	am	N	orth (Carolina

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Connelly Funeral Home 300 Mace Ave. 21221 250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 4 1986



	1	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 6) 6 8 2 1
0 1 6 1 26	L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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4 mo	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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Jeoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	13/A/70.C	TY OF DEATH
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At OR ATTE the hospite At DIRECTO letoched for ore Dept. of H them 21		July Vi	all 1.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	3/24/86
O HOSPITAL TO FUNERAL should be dete with the State		220 PHYSICIAN'S NAME (TYPE OF	MAFFE	220 ADDRESS	ENILLON/h 1	n 2/204
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236 DATE 3/27/86 236	NAME OF CEMETERY OF CREMATORY	23d LOCATION TO 21945 ON	COUNTY STATE
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR	O. F. F. ADDRESY	250 DA	TE REC'D. BY REGISTRAR 25L-REGIS	TRANS SIGNATURE

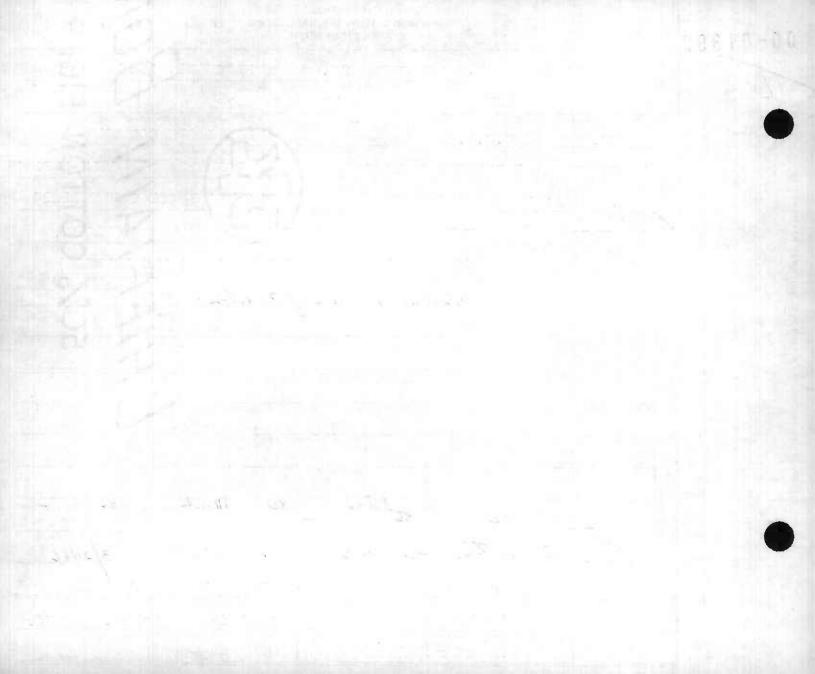
066188	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 0 6 3 2 2 CERTIFICATE OF DEATH REG. NO.							2 2
		CEASED NAME FIRST	M	IDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
noy be poge 3		Agnes	R.	CHENWORT	Н		March 1, 1	986	5:	20 a M
. 2	3. SE	X	4. RACE		5. DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF		UNDER 24 HRS
ge 4	F	emale	Whi	te	World	26 189 3	92	YRS		JON'S MIN.
heath. Fo	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76 CITIZEN OF V	VHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	Baltimore City of		FDEATH	MD
by the fulled with]	Rossville	Fran	klin Squa	are H	ospital	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWITE		IZE KIND OF BI	usiness or naking
filled in rould be	130	al residence (if nursing home STATE 136 CO aryland Ba		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS WE'Y D	zip cope urn Rd.	Balto.	Md.212
7380	14 F	Jacob	MIDDLE	Morlock		IS MOTHER'S MAIDEN NA	WE		DiMart	in
Puges Puges	160 \	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	216-26-		17 INFORMANT Margaret K	ronner 1523		n Rd. 2	21237
een signed by th attention to the please remoniate to burial, certain my injury, or other trainmans.	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN Nontransmitt	DUE TO, OR (c) K IT CONDITIONS CO al myocar	dial infa	lure NCE OF DEATH BUT DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	Year.	NIN PART 110	SUSED
it perm	CERTIFIC		V 1 1 2 9	25-5-1	0, 5,,,,,,,		YES NO	IN CERTIFYII	NG CAUSES OF	
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TO FUNERAL DIRECTOR, After should be detoched for use os with the Stote Dept. of Health of MPORTANT: If them 21 is mork	230. 1	270. I certify that X (this ho sow the deceased olive obove XI (we) (did) (dX) 276 SIGHA TUH) 274 PHISICIAN'S NAME (IVE Keith Eng BURIAL, CREMATION, REMOV	XX view the body of the OR PRINTING (ofter death.	n	13 19 86 Ind that in (Xy) (our) opinion DEGREE ATTENDING PHYSICIAN [272 ADDRESS 9000 Frank] EMETERY OR CREMATORY	MEDICAL STA DIRECTOR PHYSIC	FF LIAN	86. that not from the course of the sign o	SNED 6
BP		(SPECIFY) Burial	3-3-	86 G	arden	s of Faith	CITY OR TOWN Bal		Maryla	state
OHMH - 16 60M 7/B4	3	UNERAL DIRECTOR	al H.	74085	Bela	12 Rd. 250. DA	TE REC'D. BY REGISTRAR	156 REGISTRA		

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	1	Film G614 item	5, 6, 15 4/3	8/86 rja	STATE	OF MARYLAND		DAY 10		
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34 9 S		OR PRINT) C ARC	MID	DLE	CHu.	est est		MONTH DAY	YEAR 26 HO	UR SS
moy l	3. SE.	MATE	4 RACAUCA	STAN	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT	3-19.	JNDER I YEAR IF UNDI	ER 24 HRS
9 9	6	MME	CAUCASI		MONTH	DAY 22 YEAR	63 (00	YRS	THS DAYS HOURS	MIN.
	PI	ENNSYLVANIA	76 CITIZEN OF WH	AAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O	-	PEATH	MD.
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LAND 21	MAI	AL RESIDENCE (IF NURSINGHOME OF THE PROPERTY O	UNTY B	ALTIMO	ŘE	13d INSIDE CITY LIMITS? YES NO 1	708 S. BO	ZWS ^{OO} ST	. 21231	
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MORE, n ond co Poges	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	b. SOCIAL SECU		17 INFORMANT	ADDRE		D	
BALTIMORE, cote be executed by sicion and copers. Pages mod. In, the medical in, the medical in.					7686	Delphine J	. Clopine		Richard APPROXIMATE INT BETWEEN ONSET AN	
W. PRESTON ST., B. or the death certifically the attending physise remove carbonaper cremation, or remove the troumation of the stream of the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate	DUE TO, OR A	S A CONSEQUE	NCE OF	ic Would	- Piscase		BETWEEN ONSET AN	D DEATH
		cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(c)	S A CONSTOUE	Ch	NOT RELATED TO THE TERM	that Lu	My DA	PCLAR IN PART 119	
ORDS requi	NO	Diabete	: Hx	of hee	un 1	Decoholism				
AL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOPSY?	206 IF YES, W IN CERTIFYIN YES [FINDINGS USING CAUSES OF DEA	ATH?
NG PHYSICIAN: The law requires the attending physicion. After this certificate has been signed be as the buriol-stronsin permit. Then plea the and Membel Hygiene prior to buriol, orked or Item 18 shows ony injury, or a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M.	NJURY MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	LORPART 2)	
IVISION Offendin offer this of sithe but n and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FA	ARM, ETC.)	ZII LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
TENDIN TOR Afron Sor Use or Use of Health		220.1 certify tha (1) this hasp	211	10	1) 6 and	27 19 66 I that is (my)tour) apinion of	, to	19, 19, te and haur ar	of from the causes s	(we) last
the hosp the hosp the DIREC stoched for the Dept.		abave (I) (bve) (did (did n 22b. SIGNATURE	at yiew the bady aft	O	D	EGREE	MEDICAL STAF		22c. DATE SIGNED	
O HOSPITAL efound by HTO FUNERAL should be det with the Store MAPORTANT.		22d PHYSICIAN'S NAME TYPE	OR PRINT)	256 - 35		22e ADDRESS	DIRECTOR PHYSIC	AN L	121118	0
should with MPP	23o. B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d LOCATION			
BP	E	URTAT.	03/24/	86 CA:	LVARY	CEMETERY	CLEVEL	AND	0	HIO
DHMH - 16 60M 7/84 (VRA 15, 4)	AFL	NERAL DIRECTOR	Sport H	ADDRESS I		(-2176)	REC'D. BY REGISTRAR			0.00

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STATE OF MARYLAND

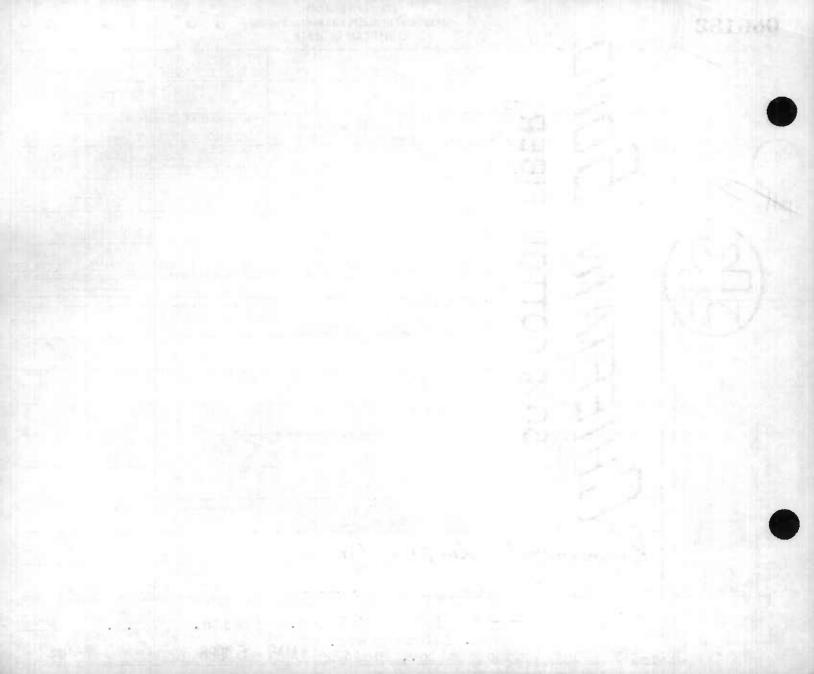
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

0 0	1	REGISTRAR				-		REG.	40.	1			
20		CEASED NAME	FIRST		MIDDLE	ı	AST .	20. DATE OF DEATH	HINOM	DAY YEAR	2b HOUR		
1	(TYPE	E OR PRINT)	Sar	-a	N.	Q	Lanke		3	13 86	3 AM		
	3 SE	Χ ,		4 RACE		5. DATE C		6. AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
		Kemo	02.	Can	casi	MONTH	DAY YEAR	78	VDC	MONTHS DAYS	HOURS MIN.		
ei i	70 BI	IRTHPLACE (STATE			WHAT COUNT	RY? 8	_ 40 00	9. BALTIMORE CITY	OR COUNT	TY OF DEATH			
J. Just		COLINITAL		1 1	00	MARRIE	D NEVER MARRIED	0	0-4	-			
5 -		Maryland		<u> </u>	OH	WIDOWE		0	allo	· Cou	1/		
, E	10. CI	ITY OR TOWN OF	DEATH		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			12a USUAL OCCUPA (TYPE OF WORK FOR MOST	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
, e/U		1 anso	n	Stel	la v	naris	Hospice	Store Cle	2rk	Hose	childs		
Pe	13n S	AL RESIDENCE (IF A	URSING HOME OR	OTHER INSTITUTION	13c. CITY OR T	EFORE ADMISSION)	131 INICIDE CITY I MUTCO	In STREET ADDRESS	/ 7ID COI	or.			
E		aruland		imore		llstown	13d INSIDE CITY LIMITS?	3800 Mars	Rd. 2113				
Der		ATHER'S NAME	Date	omor o	2100 0000	00000.0	15. MOTHER'S MAIDEN N.		222700000000000000000000000000000000000				
E	,	FIRST		MIDDLE	CT THE	7	Sallie	MIDDLE		Nayt	ST		
CX)		William	(50 (1) 1) 1	E.	Clar			~ 1 1 10°	Gan 7	wayı	,01.		
dico		VAS DECEASED EY		MED FORCES? E WAR OR DATES)	16b. SOCIAL S			Stephen			21133		
Ë	no 219-20-8109 3800 Marriottsville Rd. Re								. Rar	andallstown, MD			
th.		18 CAUSE OF DE	ATH (Enter on	ly one couse pe	r line for (o), (b	, and (c).)				APPRO	XIMATE INTERVAL		
'ent		PART I. DEATH	(4)	BETWEEN ONSET AND DEATH									
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#O#		Second 3											
100		Conditions, if ony, which gove rise to immediate											
Jer	-3	couse (o), st											
to		underlying co											
٥, ٧	17	PART 2 OTHER S	IGNIFICANT C	ONDITIONS C	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	10				
in in	IFICATION												
À C	AT	19a DATE OF OPE	RATION	19b. CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY?			WERE FINDINGS USED		
Sw. 9	FE							YES TO NOT		TIFYING CAUSE! YES 🗀	YING CAUSES OF DEATH?		
å -	CERTI	21g. ACCIDENT WAS	UNDERLYING [21b. TIME C	OF IN ILIRY		21c HOW INJURY OCCU				NO 🗆		
for Item 18		OR CONTRIBUTING			M. MONTH	DAY YEAR	THE HOW HAJORI OCCO	(ENTER NATURE OF IN	UKY IN IIEM IB	S PART I OR PART 2}			
	WHILE ONLY WHILE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) (AT HOME, STREET CITY OF TOWN												
	ē	21d INJURY OCC			OF INJURY	ICE FARM FTC I	211 LOCATION STREET	CITY OR TOWN COUNTY STATE					
rked	2	AT WORK AT	WORK			, , , , , , , , , , , , , , , , , , , ,	the service						
E		22a. I certify that	(I) (this hospit	tal) attended th	ne deceased fro	m3/	11) 19 8	2_ to 3 /	/3	19 86	that (I) (we) last		
23 15		sow the deci	sow the deceased alive an 3-13 19 86, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated										
NT: If them 2		above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED											
		ATTENDING MEDICAL - STAFF											
		PHYSICIAN DIRECTOR PHYSICIAN									13/26		
RIA							22e ADDRESS Stella Maris Hospice						
MPORTAN		Kendall R. Faulkner, M.D. 2300 Dulaney Valley Rd Tow									MD 21204		
≥	230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 2								23d LOCATION				
	((SPECIFY) Burio	22	3/15/			Park Cemeter	Battim	ore	Baltin	nore SIAMD		
- 192	24 FI	UNERAL DIRECTOR								STPAP'S SIGNIA	TUDE		
A 7/84		28 Liber	LOI VIU	Bom da	11 ct addre	SS MD	tors, Indisa DA	MAD 1 A 10	35	STRAK SSIGNA	a jondane		
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DHMH - 16 60M 7/84 (VRA 15, 4)

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page 3			NETH					MARCH 2,	.986		12:55 A
E d a	3. SE	X	4. RACE	4. RACE 5. DATE 6			YEAR	6 AGE (IN YEARS LAST B		DNIHS DAYS	HOURS MIN.
A 11	MA		WHITE				1922	63	YRS		
4 12 6	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	76 CITIZEN OF WHAT COUNTRY?			MARRIED -	BALTIMORE CITY OR COUNTY OF DEATH			
~ 11/2		NNSYLVANIA	U.S.A.	U.S.A. WIDOWED					BALTIMORE COUNTY		
1111000	10 C	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			TITUTION	128 USUAL OCCUPATION 128 KIND OF BUSINESS OR			
11/19/65		RT HOWARD	RD V.A.M.C		., FORT HOWARD		LAND	MACHINE OF			
	JSU 3a		L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE 136 COUNTY 136 CITY OR TOWN 134. INSIDE CITY LIMITS? 11:					13e.STREET ADDRESS / ZIP CODE			
TOTAL STATE			ALTIMORE	TIMORE Baltimore		YES NO 🛱		2515 GEHB AVENUE		E 21227	
1 12 00	14. F.	ATHER'S NAME FIRST	MIDDLE	MIDDLE LAST			S MAIDEN NAM	WE		LAST	
		GEORGE	CLAWSON		0. 全有	GRACE				STEHL	E
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rimo an and s. Page			II	181 14	7141	CLINIC	CAL RECO	ORDS, VAMC,	FORT	HOWARD	, MARYLAN
BAL oper oper vol		18 CAUSE OF DEATH (Ent								BETWEEN	MATE INTERVAL ONSET AND DEATH
sT., I	3	PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIOPULMONARY ARREST									
on the ce	7	DUE TO, OR AS A CONSEQUENCE OF									
deat deat ave tion,		Conditions, if any, which ((b) CEREBROVASCULAR ACCIDENT									
the remover the remover the		gave rise to immediate) cause (a), stating the) DUE TO, OR AS A CONSEQUENCE OF									
ed by the flease rial, cre		underlying cause last.									
S, 2		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
or to	CERTIFICATION	190 DATE OF OPERATION	The coars			The second			Ton in unio		
low r	FI C	148 DATE OF OPERATION	148 CONL	OITION FOR WHIC	LH OPERATION	N WAS PERFC	DKWED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
TAL increase the part of the p	ER	21a. ACCIDENT WAS UNDERLYIN	C D 31h TIME	OF INJURY		1112 HOW IN	WIRV OCCUPE	YES NOXX			но 🗌
SICIAN- ng physicarthical rial-from ental Hy hem 18:		OR CONTRIBUTING CAUSE		A.M. MONTH	DAY YEAR	ZIC HOW IN	DURT OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAR	RF I OR PART 2)	
PHYSICIA PHYSICIA this certif the burial-ti d Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		P.M.	19	111 LOCATIO	201				
S PHY:	MEC			OF INJURY TREET, FACTORY, OFFIC	E FARM ETC)	211 LOCATION STREET	JIN .	CITY OR T	NWC	COUNTY	STATE
DING ar off After e os t olith a morke		WHILE NOT WHILE AT WORK			MARCH		86	MARCH		07.	
		22a.1 certify that (I) (this saw the deceased alix	haspital) attended t	he deceased from		al shoet in /mu)	1986	death accurred on the c			that (I) (we) last
4 % U = -		abave, (I) (we) (did) (d	id not) view the bad	y after death.			(ddi) dpinian (seath accurred an the c	are and have		
T Dyd E		COLLEGE TO	. 1	1.	27	DEGREE	ATTENDING	MEDICAL STA	FF	22c. DATE	
by the BRAL Store		Raushalwase W, Staff 1214 PHYSICIAN'S NAME (1996 OR PRINT) 1226 ADDRESS 3/2/86									
HOSPITAL ined by th FUNERAL wild be dest h the Store						0.00					
TO HOSPITA retoined by TO FunERa should be de with the Stot		KAUSHALENDRA						RT HOWARD,	MARYLA	ND 21	.052
	23a	BURIAL, CREMATION, REMO			NAME OF CI			23d LOCATION CITY OR TOWN		COUNTY	STATE
BP		Burial	3-5-		Cedar			Balto.	A	. A .	MD
DHMH - 16 60M 7/B4	100	UNERAL DIRECTOR	237	E. Rat	apsco	Ave.	0.000	REC D. BY REGISTRAL			
(VRA 15, 4)	MC	Cully Fune	ral Home	Balt	O MT	2122	5 MAR	5 1986	HAMADO BAR	Helson-R	indelle.



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SINTLE CARE GAR.

8728 Liberty Road Randallstown, MD. 21133

(VRA 15, 4)

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

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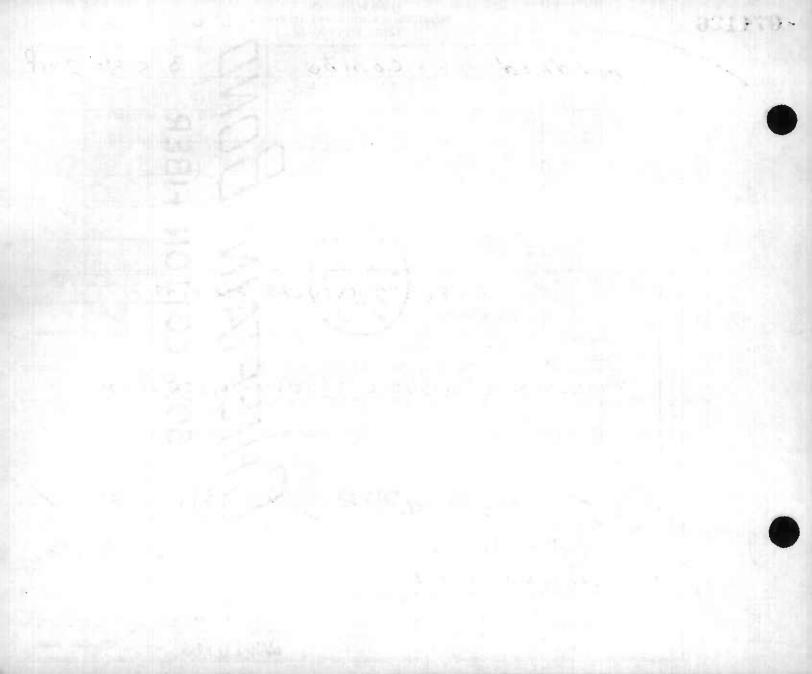
olin .. Molesworth, P.A., Dorarens, Md.

C.	11.	FOR STATE			DEPARTM	NENT OF H		MENTAL HYG	IENE 8	0	U	6 0) 4
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1	3.5€	5	4	RACE		5. DATE C			6 AGE (IN YE			NDER 1 YEAR	IF UNDER 24 HRS
13		Female		White		MONTH 9	2	O7	78		YRS.	HS DAYS	HOURS MIN
190	/	RTHPLACE (STATE OR FO COUNTRY) Carolina		CITIZEN OF W	HAT COUNTRY?	MARRIEI WIDOWE	D NEVER	MARRIED			County		M
1/1	1	TY OR TOWN OF DEA		IR NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A Square	ADDRESS)		TITUTION	12a USUAL C	FOR MOST OF		NDUSTRY	F BUSINESS OF
100	Ma	AL RESIDENCE (IF NURSI) STATE aryland ATHER'S NAME	NG HC	TINTION G	Joppa	ADMISSION	13d INSIDE C	NO TO S MAIDEN NAM	Homema 13e.STREET A 628	DDRESS /	ZIP CODE prside I	Hom Or.	21085
12	D	J.	P.		Maynard			FIRST Eva		MIDDLE		ŁAS	Continu
8 7	16a_\	VAS DECEASED EVER I	IN U.S. ARME	D FORCES?	66 SOCIAL SECUR	RITY NO.	17 INFORMA			ADDRES	S		Cotton 21085
Pol		YES NO OR UNKNOWN)	(IF YES GIVE W	VAR OR DATES	237-22-28	847	Mr.	John C.	Cole	25 Ne	ntune F)r T	
cremation, ar	7	Candifians, if any, gave rise to imm couse (a), stating underlying cause	which nediate g the	DUE TO, OR	AS A CONSEQUE Probable AS A CONSEQUE	NCE OF		infarct					
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deoth		CEASED NAME FIRST Pauline	R. Collins	1	AST	March 14,		26 HOUR 9:30 M
	3. SE	x emale	4 RACE White	S. DATE C	7 22	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YE MONTHS DAT	AR IF UNDER 24 HRS
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100		tonsville	11. NAME OF HOSPITAL, NURSIN 805 WOODSDALE	G HOME C	Torque!	12a USUAL OCCUPATION OF HOMEWAKE T		D OF BUSINESS OR
35	13a s	AL RESIDENCE IN NURSING HOME OF STATE 136 COUNTY BE	r Other Institution Give residence before NIY alto. 130 Catons (ADMISSION)	13d INSIDE CITY LIMITS?	138875ETW888886	Zileoka. 21	228
ZRO	14. FA	Tred Wagoner	MIDDLE LAST		is mother's maiden na. Nell Sar			LAST
region /	16a \	WAS DECEASED EVER IN U.S. AF	we war or Dates) 166 SOCIAL SECU 362 18		William L.Co	ollins 805 W		d. 21228
mercil mercil		18 CAUSE OF DEATH IEMER OF PART I. DEATH WAS CAUSE	nly one couse per line far (a), (b), one:D BY: TE CAUSE (a) Carcin	oma	of the	colon	APPR BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
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9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR			
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letoched for use its Dept. of Heal T. II frem 21 is m		saw the deceased alive or	ital) attended the deceased from 19 8 to 19 8	16	d that in (my (our) opinion DEGREE ATTENDING PHYSICIAN	to March death accurred on the do	221: 04	the causes stated
MPORTAN		Herbert J. Lev	ickas MD		220 ADDRESS 5404 East Dr.	Arbutus , 1		1227
5.5. 51		BURIAL, CREMATION, REMOVAL GRECIEV Cremation			Park Cem.	23d. LOCATION CITY OR TOWN Baltimo E REC'D. BY REGISTRAR	COUNTY	21229
16 60M 7/B4 A 15, 4)		uneral director rywll. Kaufman I kridge Marylar	Tuneral Home 5695	Main	St. 250. DAT		25b. REGISTRAR'S SIGN	



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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pacificate by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the formal if should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 show that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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page 3

STATE REGISTRAR DECEASED NAME

Male O. BIRTHPLACE LISTATE OR FOREIGN Maryland
OCITY OR TOWN OF DEATH

Rossville

Maryland A FATHER'S NAME

No

CERTIFICATION

10 morked

+

MPORTANT.

John A Comes 160 WAS DECEASED EVER IN U.S. ARMED

> 18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY

> Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON

190 DATE OF OPERATION

WHILE NOT WHILE 22a. | certify that (1) (this hospital

226. SIGNATURE

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

22d. PHYSICIAN'S NAME (TYPE OR PR

230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial

TYPE OR PRINT!

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TE GISTRAR	DEPARTM		H AND MENTAL HYG E OF DEATH	REG. NO).	0 0 0 0	
ED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	
Jos	eph M.arsha	11 Come	s	March 31, 1	986	1:05p M	
4-14-14	4 RACE	5. DATE OF BIR		6. AGE (IN YEARS LAST BIRT		NDER I YEAR OF UNDER 24 HRS	
Male	White	07/16/	1905 YEAR	80 YRS. MONTHS DATS HOURS MIN			
LACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X	NEVER MARRIED	9 BALTIMORE CITY OF		DEATH	
laryland	U.S.A.	WIDOWED	DIVORCED	Baltimore		MD.	
R TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		HER INSTITUTION	12a USUAL OCCUPATION		12b. KIND OF BUSINESS OR INDUSTRY	
sville	Franklin Squa		ital	Contracto		Paving	
SIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE		NSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
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	212-10-9	6/9 MI	rs Mary Ber	ach 7902 Co	mes Ave		
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ve rise to immediate use (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				10414	
derlying cause last.	(c)						
T 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
	Peripheral vascul	lar dise	ase				
DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WA	S PERFORMED	200 AUTOPSY? YES □ NOK		ZERE FINDINGS USED IG CAUSES OF DEATH?	
ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2}	
CONTRIBUTING CAUSE OF DEA		AY YEAR					
INJURY OCCURRED	21e PLACE OF INJURY	211	LOCATION	CITY OR TO		COUNTY STATE	
ORK NOT WHILE	(AT HOME STREET, FACTORY OFFICE F	ARM ETC]	STREET	CHYORIO	WN	COUNT	
I certify that (I) (this hospi	tal) attended the deceased from	March 26	, 19_86	to March 3	. 19.	86 , that (11 (we) last	
sow the deceased alive on	March 31. 19 8			death occurred on the do	te and hour or	nd from the couses stated	
SIGNATURE	t) view the body after death.	DEGR	ĘĘ		Service 1	22c. DATE SIGNED	
Malin	Venners	MI	ATTENDING PHYSICIAN [MEDICAL STAF	IAN X	3-31-86	
//	OR PRINT)		ADDRESS			1007	
M. Vemary,	M.U.	9	uuu rranki	in Square Dr	ive, 2.	123/	

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BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR Dippel Funeral Homes Inc 7110 Belair Road Baltimore Maryland 21206

4/3/1986

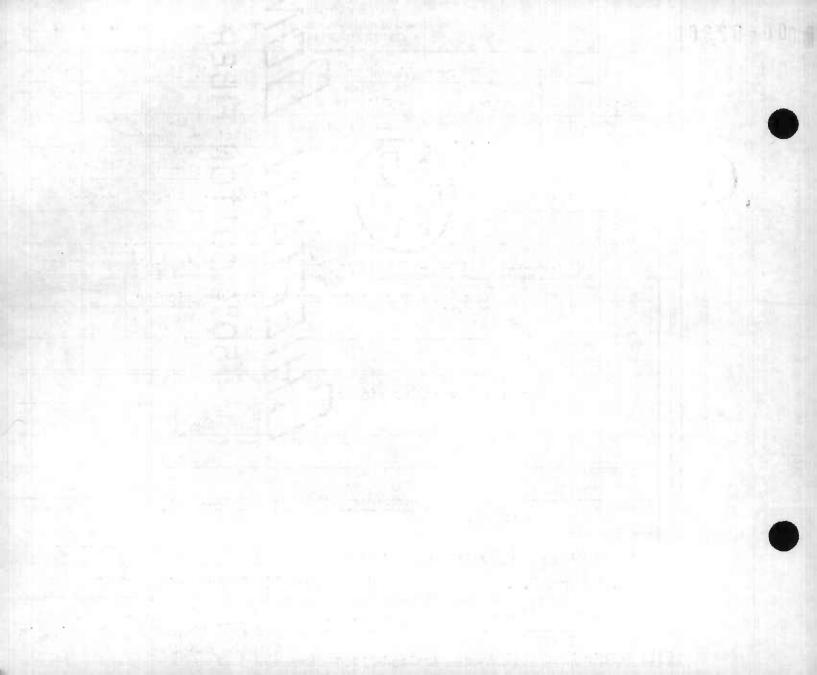
23d LOCATION CITY OR TOWN

231 NAME OF CEMETERY OR CREMATORY

St Joseph's Cem

Baltimore Co. Md

PRESIDENTIAL REGISTRAR'S SIGNATURE

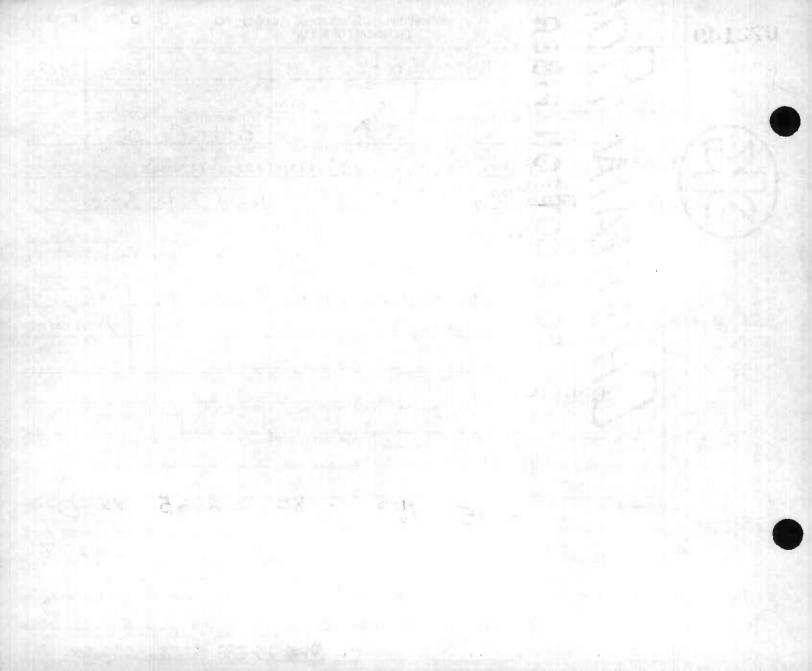


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sicion and pers. Page: ol., the medic		ES, NO OR UNKNOWN) (IF YES, GI	ponly one couse per line for (o), (b)	Joseph Co	NZWZY 642	Pitchen St. APPROXIMATE BETWEEN ONSET	INTERVAL T AND DEATH
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he low require on. has been sign t permit. Then tene prior to bu ows ony injury	CERTIFICATION	190 DATE OF OPERATION	Diglacter	Tusulu Depende	280 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	USED DEATH?
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TO HOSPITAL OR estorned by the h TO FUNERAL DIR should be detoche with the Stote Deg		220 DAYSICIAN'S NAME ITYPE I rq Huntes Co		MAD AITENDING PHYSICIAN 120. ADDRESS 8726 C. Ge		FF - 376	3
Bb Or ship of A		URIAL, CREMATION, REMOVA SPECIFY BUNIEL	AL 23b. DATE 2 4-2-86	30 NAME OF CEMETERY OR CREMATOR Balto. CEMETERY	Balting	ore county	MIATE .
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	INERAL DIRECTOR NAME POLICIONAL	Q. Conflick 243	ss d an!	PR 02 1986	256 REGISTRAR'S SIGNATURE	date.

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ector, p	3 SE	male	Caucasian		6. AGE LINYEARSLAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS WONTHS DAYS HOURS M
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filled in		AL RESIDENCE (IF NURSING I AN OFF	TX ACC 11 136 CITY OR	BEFORE ADMISSION) RTOWN TOWN YES NO!	. 10.17	ZIP CODE POS A 15
ond 2 s	14 FA	THER'S NAME Walter	C., Cook	15. MOTHER'S MAID	EN NAME MIDDLE	Brown
Poges I		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES GIVE	MED FORCES? 16b SOCIAL		1849 Ridge Report	Sad, Westminste
ohysicii Loaper Lovol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (o), (b) BY: E CAUSE (o) ACU D DUE TO, OR AS A CONS	e myocardia	1 Infarcti	APPROXIMATE INTERVAL BETWEEN ONE I AND DEA
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e hospital or attending physical DIRECTOR. After this certifical ched for use as the burial-transcept, of Health and Mental Hyllem 21 is marked at them 18:		OR CONTRIBUTING CAUSE OF DEAT LIF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (AT HOME STREET, FACTORY, OF OI) oftended the deceased fr	FFICE FARM ETC) 21f: LOCATION STREET TO DEGREE	OCCURRED (ENTER NATURE OF INJUIT CITY OF 10' Pinion death accurred on the do	wn COUNTY STATE wn 19 6, the (1) we) te and hour and from the couses state 224, DATE SIGNED
e hospital or attending physical DIRECTOR. After this certifical ched for use as the burial-transcept, of Health and Mental Hyllem 21 is marked at them 18:		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital)	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF all) ottended the decreased fr white body after death.	FFICE FARM ETC) 21f: LOCATION STREET TO DEGREE	CITY OF TO	WN COUNTY STATE THE OND HOUSE AND THE COUNTY STATE 19
hospital or attending physical intercools. After this certifical the for use as the buriol-transpert of Health and Mental By them 21 is marked or tem. [8]	MEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 27a-1 certify that (I) (this hospital)	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF Dew 11e body of tel death. THINT)	FFICE FARM ETC.) 21f LOCATION STREET TOM DEGREE ATTEND PHYSIC	CITY OF TO	WN COUNTY STATE THE OND HOUSE AND THE COUNTY STATE 19



Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND

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15	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0	6 8	40
		CEASED NAME FIRST	N	AIDDLE	- (AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(-)	1	Addie	Stev	ens	Cor	bin	March 30,	1986		3:20Am
3	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
		Female	White		Oct	ber 27, 1894	91	YRS	DATS DATS	HOURS MIN
20	7a. BI	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
0	V	irginia	U.S.A.		WIDOWE		XX Ba	ltimore	Count	ty MD.
10	1	Towson				OGeorgia Ct.	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake)	F WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
36	130 5	AL RESIDENCE (IF NURS) STATE Aryland	OTHER INSTITUTION	Baltimo	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS Kimble Re	zip cope ad 212	218	
300	A FA	James	WIDDLE	Steven	S	Lidie	MIDDLE MIDDLE		Dive	rty
000		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
1		YES, NORUNKNOWN) (IF YES.		219-10-40	098A	Mrs. R.Robert	son 400 Geo	orgia (Ct. 212	204
event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	SED BY: ATE CAUSE (0)	CARD	io pu	C. Alnes			APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
other troumot		Conditions, if any, which gove rise to immediate cause to, stating the underlying cause last		ARTE ARTE		sclenotic	PANDIOVASO	.05	41	15,
injury, ar	NOI	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	
A Common of the	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDIN ING CAUSES	
Jem 18s		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.A	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM IS PAR	T (OR PART 2)	
rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	216 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is mo		22a I certify that (I) (this has saw the deceased alive above, (I) (we) (thich (did	m MAR	26 10 8	JA or	d that in (my) town opinion o	, toAR	30 15 ite and hour c	and from the	that (I) (we last causes stated
T. If hen		22b SIGNATURE	wall	ayo			MEDICAL STAF	F IAN 🗌	22c. DAJE	SIGNED 1-86
APOR	-	Sidney J				7215 York	Road			
		BURIAL, CREMATION, REMOVA	236 DATE 4-2-8		Parkwo	emetery or crematory	Parkville		imore	Maryland
	24 61	INTERNAL PARECTOR				107 0 127				

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Mitchell-Wiedefeld Home 6500 York Road 21212

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Hubbard Funeral Home, Inc., 4107 Wilkens AVe.

DHMH - 16 60M 7/84 (VRA 15, 4) 00.1300

		read to the second			STATE OF MAK		473			
1881	1	STATE REGISTRAR		DEPARTA	CERTIFICATE O		PIENE 8 6	0	5 8	4 2
D 4814		CEASED NAME TRU	N	NDDLE	LAST	E I U	20. DATE OF DEATH	MONTH DAY	YEAR	b HOUR
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\$ 80 pm	1.5	X	4 RACE	у Сри	5. DATE OF BIRTH	111	6 AGE LIN YEARS LAST BI	RTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
1 1		Male	Whit	e	Aug. 17		7,3	YRS	THS DAYS	HOURS MIN
1 12 199	70.1	COUNTRY CONTROL OF THE CONTROL	76 CITIZEN OF V	VHAT COUNTRY?	MARRIED X NEVE	R MARRIED	9 BALTIMORE CITY		DEATH	
1 1 4 /	N	lew York	USA		WIDOWED	DIVORCED [Baltimo	re Cou	nty	M
ATTE	#0. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME OR OTHER I	NSTITUTION	126 USUAL OCCUPAT		12b. KIND OF	BUSINESSO
1 3 100	1	Towson		eph's Ho			Personne			1 Secu
1 37 271	13a.	STATE 136 CO	OR OTHER INSTITUTION	THE RESIDENCE BEFORE	ADMISSION)	E CHEV LIVERS		tor	Adm	
2 18 20		4	Îtimore	Towson		E CITY LIMITS?	6905 Lac	hlan'Ci	r. : 21	204
1 12 000	JA9	ATHER'S NAME				ER'S MAIDEN NA	ME			
1 11/10	U	Daniel	Bernard	Cron	nin	Nora	MIDDLE		Rea	#don
8-8		WAS DECEASED EVER IN U.S.		16b SOCIAL SECUI			ADDR	ESS	100	
7 Pop 4			GIVE WAR OR DATES)	220-30-	5050 Eliz	abeth G	. Cronin,	6905 La	chlan	Circl
1 11 1		-					212			ATE PATERVAL DET AND CLAIM
phy mpa mov sent		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY.	and.	w Klon	22	annens	-	SET WILEIN CON	OF LAND STAIN
cer ing ing ing		IMMED	IATE CAUSE (0)		- /	/	ver ey			1. 144
and the company of th	1	Canditions, if any, which	DUE TO, OR	AS A CONSEQUE	NCE OF	1				
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京 古書の書	13	underlying cause last.	DUE TO, OR	AS A CONSEQUE	CA125			18/19/		
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The by	Z O	PART 2 OTHER SIGNIFICAN	I CONDITIONS <u>CO</u>	DEN	EATH BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N PART Ita	
11110	15	14s DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION WAS PER	FORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDING	S USED
21 211 17	I	2 / 3 3 3 1					YES T NOT	IN CERTIFYIN	G CAUSES O	F DEATH?
59 819 3	1	210 ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY	21c HOW	INJURY OCCURE	YES NOL	YES [OR 8487.21	NO [
34 44 70	1 3	OR CONTRIBUTING CAUSE OF	PERIII	A. MONTH DA	Y YEAR	wisoni occom	(ENTER NATURE OF INJU	NT IN IIEM IS PARI I	OR PART 2)	
20 111 1/	18	(IF EITHER NOTIFY MEDICAL EXAMIL 21d INJURY OCCURRED	21e PLACE C		19 211 LOCA	TION				
E 1 + 2 7 7	MED			ET, FACTORY OFFICE, FA		PEET	CITY OR 10	WN	COUNTY	STATE
N	1	NOT WHILE			- 1-	<	2 2		51	
Za Kata	1	220.1 certify that (I) (this has		deceased fram	3-25-	869	to	, 19.		at (I) (we) la
E 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased alive above, (I) (we) (did/Idid	nal Yew the bady o	ifter death	, and that in (m	ny) (aur) apinian d	leath accurred an the de	ate and have an	d fram the ca	uses stated
N September		22b. SIGNATURE	1		DEGREE				22c DATE SI	GNED
五十五年十二		12.	0+3	7	(20)	PHYSICIAN	MEDICAL STAT	IAN 🗌	3/2	196
HOSPIT HOSPIT HAS SEE SEE SEE SEE SEE SEE SEE SEE SEE S		230 PHYSICIAN'S NAME (TYP	E OR PRINT,	The	22e ADDR	RESS		an.		0.5
D HOS Thomas		Esn.	AMM	1/41	- MI	40/	oscen	DOCI	08	4 2
55 2473	130.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c N	AME OF CEMETERY O	RCREMATORY	236 LOCATION		-	
BP		(SPECIFY) Burial	3/28/	86 Di	laney Val	lev Cem	Timoniu	ım Ba	Ito.	Md.
DHAM 14 4044 7 (0.1		UNERAL DIRECTOR	7,507	200			REC'D. BY REGISTRAR			
DHMH - 16 60M 7/84 (VRA 15, 4)	M	artin D. Law	son, 10 V	V. Pador	nia Rd.			40		
	-					MA	K 2 7 1986	Mar Day	idson 18	maelle.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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25.0	110	

6	1:0	6	a	A	2
6. NO.	11,00	11	C)		

	CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR	
1 "	Mar	V L. CROL	JCH			March 4,	1986			4:3	OA M	
3 SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST			RIYEAR	IF UNDER	R 24 HRS	
	Female	Whi	te	MONTH	14 1891	94	YRS	MONTHS	DAYS	HOURS	MIN.	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A PRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	OF DEATH			
	aryland	US	SA	WIDOWE		Baltimore	Count	ty	MD.			
	Rossville	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A Lin Square	DDRESS)	pital	120 USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEWIF	OR MOST OF WORKING LIFE) INDUSTRY					
130.		me or other institution ounty altimore	GIVE RESIDENCE BEFORE A		130 INSIDE CITY LIMITS?	13. STREET ADDRESS 5921 Ebe	s/zipco nezer	DE Rd.	21	162		
14. F	ATHER'S NAME Jacob	MIDDLE	Morlock		is mother's maiden no. Julia	AME			DiMa	rtin		
	WAS DECEASED EVER IN U.S		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADD	RESS				DIE	
	(YES NO OR UNKNOWN) (IF YE	ES, GIVE WAR OR DATES	218-70-6	5948	Mary Ann So	chultz 5921	Eben	ezer	Rd.	211	.62	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:a									a			
Abdominal Ostruction 190 DATE OF OPERATION 216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY				OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WER			TH?	
MEDICAL CERT	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	MINER) HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUI				PART 2)			
MED	WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC)	21f LOCATION STREET	CITY OR	IOWN	cc	VINUV		STATE	
	220 I certify that X (this I saw the deceased alm obove, X (we) (did) (X	e on March 4	19	Febru 86	ary 9 , 1986 od that in XX) (our) opiniar	to March			rom the		loted	
	R. Wordw	and A	n D			MEDICAL ST	TAFF SICIAN	27		-86		
	R. Woodward, M.D. 222e ADDRESS 9000 Franklin Square Dr., 21237											
23o.	BURIAL, CREMATION, REMO	VAL 236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION						

IMPORTANT: If he

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 3-6-86

24 FUNERAL DIRECTOR

Tolly Hills Cemetery 7481 Belaie Rd. BALTO. MD. 21234

23d LOCATION

COUNTY Baltimore, Maryland

064092	1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B 6	0	6	8 4 5
19		CEASED NAME FIRST		MIDDLE		AST		MONTH DAY	YEAR	2b. HOUR
nay be page 3		Anna		L.	Cı	couse	5 4 2 3	3 2	86	7:20A M
4 ma	3 SE		4 RACE		5 DATE C		& AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS
oto af		Female		Causasian		20 1897	88	YRS		HOURS MIN
100	H B	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland		WHAT COUNTRY?	MARRIE WIDOWE	DI NEVER MARRIED DI	Baltimore City o	ecounty of a co		MD
(1)	10 C	Baltimore	I IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION 21237	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWIFE	ON F WORKING LIFE)		OF BUSINESS OR
1 25	USU 13e	AL RESIDENCE (IF NURSING HOME STATE 136 CC			E ADMISSION)		13. STREET ADDRESS 3641 Malde		2	1211
cuted with and 2 shapes		ATHER'S NAME Frank	WIDDIE	Winter:		15. MOTHER'S MAIDEN NAME FIRST Maggie			Ful	AST
te be exe	160	NAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) IN YES, O	ARMED FORCES? GIVE WAR OR DATES) —	217-01-2		Joseph Crous				
requires that the death certifica signed by the attending physic ten please temove carbon papers to burial, cremation, or removal y injury, or other traumatic evel	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	SED BY: IATE CAUSE (o) DUE TO, C (b) DUE TO, C (c)	DR AS A CONSEQUE	SUCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVER		XMATE INTERVAL ONSET AND DEATH
N: The law n. ate has bee ate has bee t permit. The		190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, NIN CERTIFYII	NG CAUSES	INGS USED S OF DEATH?
PHYSICIAN: The map physician. This certificate has unial-transit perm Mental Hygiene d or Item 18 shape		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE EITHER, NOTHY MEDICAL EXAMIN	DEATH HOUR A		AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
DING PH tending I After thi the buri h and Mi	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F	FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
ATTENDING OF STREET OF STREET OF USE STREET		220.1 certify that (1)(this has saw the deceased alive above, (1) (we) (did) (did)	on	19	· 9	d that in (my) (our) opinion (to 1000 of the do	2 19 ote and haur o	nd from the	that (I) (we) lost
PITAL OR by the hosp ERAL DIRI detached detached		226 SIGNATURE 226 PHYSICIAN'S NAME ITYPE	DA.B	altutzn	mD		MEDICAL STAF	F IAN 🗆	3-	2-16
TO HOSPITAL retained by the TO FUNERAL should be detected with the State [IMPORTANT:		PANAYIOTI	A.BA	LTAT2	3	901 EASTEL	N BIVD.	SALTO	mD:	21221
BP		BURIAL, CREMATION, REMOV SPECIFY) BURIAL	3/5/8			on Cemetery	23d LOCATION CITY OR TOWN Baltimo		DUNTY	STATE Maryland
DHMH-16 25M (VRA 15, 4) 1/79	24 F	JNERAL DIRECTOR	Jr.	ADDRESS 38	318 Rc	land Ave	REC'D, BY REGISTRAR		R'S,SIGNAT	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Para and Authority of the adverse State Atom soft 21221

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS 1050 York Road

20 0 Comment of the commen and I attests 11-22-423 1rs. ele er s 13 rocuse.

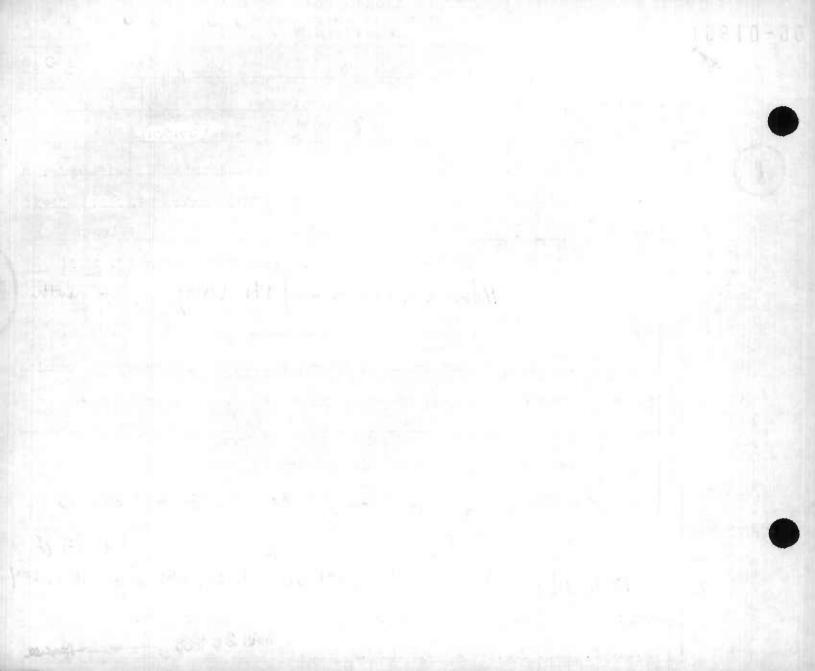
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6-	01	115	1.	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0 6	3 4 /
		- 1		CEASED NAME FIRST	•	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	y be	George See 3		Sara	R. CUI	RNOLES			March 20,	1986	12:25a M
	9	ofter death	3-5E	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
	Ö	2 2		Female		ite	Sep	t. 14, 1913	72	YRS.	
	A. P.	Should de	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED		R COUNTY OF DEATH	
	deo	Te de la faction	10.0	Maryland ITY OR TOWN OF DEATH		USA	WIDOWE	DROTHER INSTITUTION	Baltimore		MD. D OF BUSINESS OR
201	rs office	7	Ro	ssville 21237	Frank	ch facility, give street	Hos		(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUST	RY
IND 21	24 500		13a :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	nother institution NTY timore	13t. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS . 1633 East	ZIP CODE AT	1221
RYL/	rithir	からかん	14. F/	ATHER'S NAME	MIDDLE	TZAL		15 MOTHER'S MAIDEN NAM			LAST
WA	Pe	\$ 6 CO		Edwin		Fowble			rgaret	Eicholt	22
ORE,	xecn	Poges 1	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRI		
TIM	o o	0 %		YES, NOOR UNKNOWN) (IF YES, G	-	212-44-6	633	Virginia E.	Barto 930	Elton Ave.	21224
BAE	cote	0 0 - 4	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe ED BY:	er line for (o), (b), one	d (ci.)	A		BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
VST.	certif	by the attending phys sse remove corbon pop , cremotion, or remova other troumotic event,			TE CAUSE (o)	<u>Cardiopu</u>	mona	ry Arrest			
STOP	deoth	e cor on, or		Conditions, if any, which		DR AS A CONSEQUE				- 100	
PRE	he de	emove cemore cem		gove rise to immediate couse (a), stating the)	Lung Cand					
× .	hot t			underlying couse fost.	DUE TO, C	DR AS A CONSEQUE	NCE OF				
DS, 20	duires t	signed hen pled to burio ijury, ar	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lio
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	e low re	permit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	PDINGS USED SES OF DEATH?
DF VITA	Physicia	riol-tronsit pentol Hygier		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		Y YEAR	21c. HOW INJURY OCCURR			leadered .
NO	4YSKCIAI ding ph	Mentol Amenda	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE	OF INJURY	19	21f LOCATION			
DIVISI	ING P	After the os the olth ond morked	¥	AT WORK NOT WHILE		TREET, FACTORY, OFFICE, F		STREET	CITY OR TO		STATE
	O To			22a I certify that (IX) this hasp	ottol) ottended t	he deceosed from 19		d that in (X y) (our) apinion (to March_2		the source stated
	R ATTEN	DIRECTOR iched for u Dept of He f Hem 21 is		sow the deceased alive of above you (we) (did) you've	of view the bod	y ofter death		DEGREE	scom occorred on me di		ATE SIGNED
		0 4		6 0/2	0			ATTENDING	MEDICAL STA	FF 11 2	120 /81
	by by	111 010 2		228. PHYSICIAN'S NAME (TYPE	OR PRINT)			PHYSICIAN [DIRECTOR PHYSIC	IAN LA	120/06
				G. Sloan,	M.D.			9000 Frank	lin Square	Dr., 21237	
	To Je	5 % 3 8	23a 8	BURIAL CREMATION, REMOVA		23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	BP.		1	Burial	3-22.	-86 Gar	dens	of Faith Cem.	Baltimor	e County,	Marvland
	DHMH -	16 60M 7/84	7820		ungles	insky	88.5		E REC D. BY REGISTRAR	756 REGISTRAR'S SIGN	LATURE
		RA 15, 4)	Bp	uzdzinski Fune:	rad Hothe	PA 1407	Old E	astern Ave.	21 1985	A THE REAL PROPERTY OF THE PARTY OF THE PART	N. K. D. G. T.

. Winderda usel Wineral Bose Pa 1407 Old Eastern Ave.

	1.	FOR	DEF		OF MARYLAND ALTH AND MENTAL I	HYGIENE & A &	8 4 3
00-02109		STATE REGISTRAR		CAL EXAMINE	R'S CERTIFICATE	OF DEATH REG. NO.	
A SE	(TYF	E OR PRINT)	MARY MARGARET		LAST	20. DATE KNOWN TO MO OF ESTI- DEATH MATED	welves 86/10 M
ESSARY, PLEASE RAL DIRECTOR. IR YOUR FILES. HIIN 72 HOURS		male White	Oct. 31,19		MONTHS DAYS HOURS	R 24 HRS. 2c DATE PRONOUNCED DEAD	h 24.86 1/2
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21201	13a. S	TATE _ 13b C	HOME OR OTHER INSTITUTION, GIVE RE COUNTY Baltimore	SIDENCE BEFORE ADMISSION) A. CITY OR TOWN TOWSON	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 8203 Pleasant P	lains Rd. 21204
OR. MO.			J. Rogers	LAST		ret V. Coldewy	LAST
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS Wilbur Davis March 18. 1986 :45a M 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR 19 YEAR White Male TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIEDE NEVER MARRIED COUNTRY TISA Maryland WIDOWED DIVORCED [Baltimore County 12a USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hwy . Rep. Super. Balto. County Franklin Square Hospital Balto. County USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN Baltimore Maryland 8312 Beryl Rd. Balto.Md.21234 NO A YES [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE FIRST Wilbur Edna Ely Davis C. Lie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 218-01-985 Vernice H. Davis 8312 Beryl Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: Cardiopulmonary arrest IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Esophogeal cancer with metastasis Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO O CERTIFICAT 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 I certify that the (this haspital) oftended the deceased from Rebruary 10 March saw the deceased alive an March 18 obove, The (we) (did) (did at 1) view the body after death and that in (aur) apinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL 3 - 18 - 86DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS Keith W. Parker, M.D. 9000 Franklin Square Drive, 21237 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Cremation 3-21-86 Westview Memorial Pk. Baltimore, Maryland The DATE REC D. BY REGISTRAM 25b, REGISTRAR'S SIGNATURE

BALTO MD 2134

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.				

	1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	IENE O O	0.	0 0	.,	
		EASED NAME FIRST OR PRINT) MARIE		ALONSO	De	CASTRO	20. DATE OF DEATH	3 - 1	9-86	28. HOUR	PM
	3 SEX	Female	4 RACE Filipin			12, ⁰ 1 ¹ 939 YEAR	6 AGE (IN YEARS LAST BIR	YRS	FUNDER LYEAR	#F UNDER 24	MIN.
7	C	Philippines	USA	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY O	RE	200,	NTY	
2		Towson	STEL	LA MA	MARIS HOSPIEE Registered M				126. KIND OI INDUSTRY Medi		SOR
6	130. S M	aryland Bal		130. CITY OR TOW TOWSON		YES NO X	13e STREET ADDRESS 411 Steve	ZIP CODE	ane 2	1204	
7	I4 FA	Thomas Alo	MIDDLE NSO	LAST		Asunzion	MIDDLE		LAST		
		VAS DECEASED EVER IN U.S. A	RMED FORCES?								
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF								mate interva inset and de	ATH
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/		ZZd. PHYSICIAN'S NAME (TYPE Kendall R				2300 Dulaney			son, MD	2120)4
	230 B	URIAL, CREMATION, REMOVA		21 . 1 986		EMETERY OR CREMATORY	Baltimore	e City,	Märyl	and STA	16

DHMH - 16 60M 7/84 (VRA 15, 4)

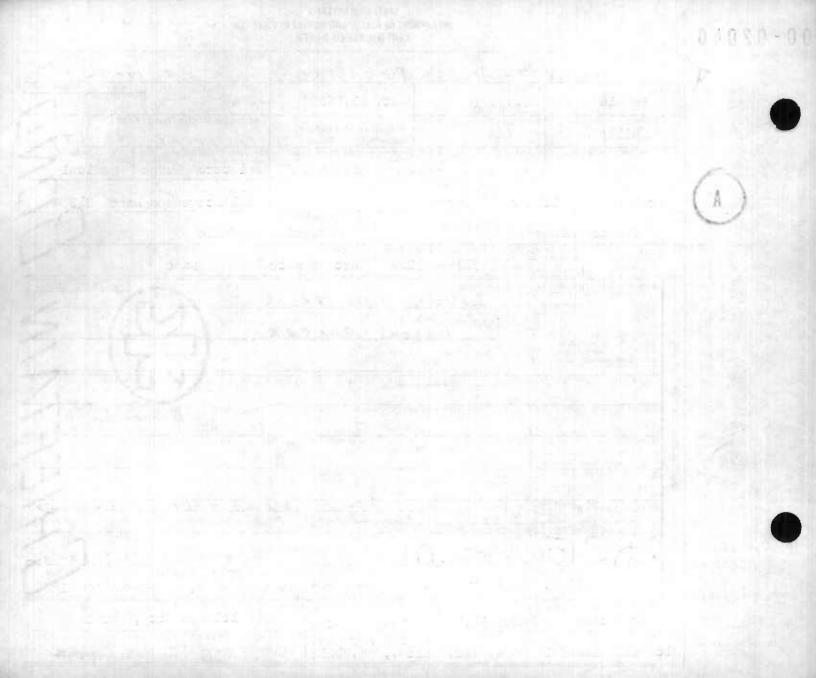
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove carbonopope with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked as them 8 show, any injury, or other traumatic event, it

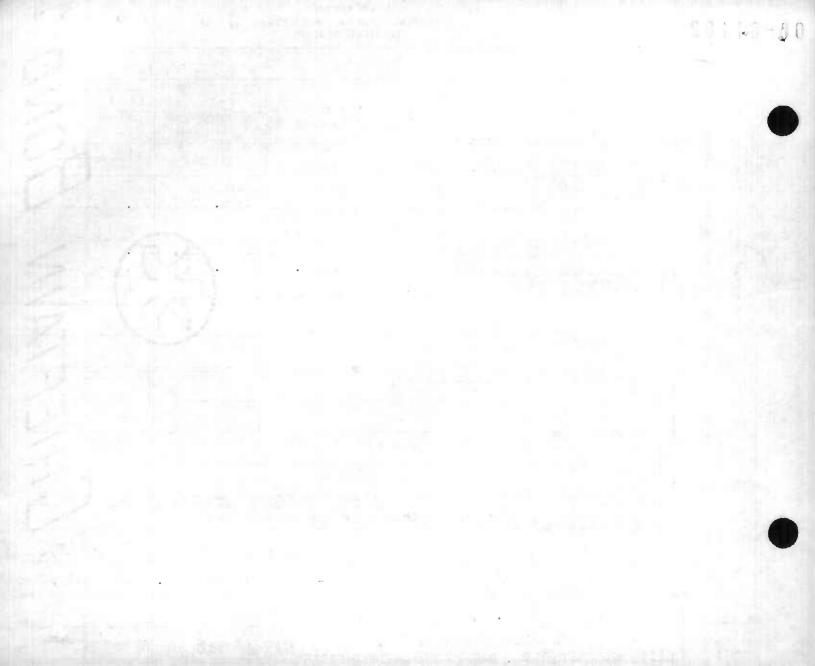
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

dia Savidson-Randalle



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STATE OF MARYLAND

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equires on signed Then of	injury.	NOI	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	ASE OR CONDITIO	N GIVEN I	N PART 110	
The low on.	0 0	CERTIFICATION	19a DATE OF OPERAT	108	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU YES 🗌	TOPSY? 206.	. IF YES, WE CERTIFY INC YES	RE FINDING G CAUSES (GS USED OF DEATH? NO
PHYSICIAN: The ending physician this certificate he hard-late he hard-trongly as	Ifem 1	CAL	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	P	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER	nature of injury in it	TEM 18 PART I	OR PART 2)	
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Spirol or CTOR. A	of Heol	8	220.1 certify that (1) sow the decease above, (1) (we) (a	d olive on.	161	1 02 19	56.0n	d that in (my) (our) apinio	, to	red on the dote or	195		not (f) (we) lost ouses stated
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ho ho		1230 B	URIAL CREMATION	REMOVAL	23h DATE	1 234 1	NAME OF C	EMETERY OR CREMATOR	1 234 100	ATION	1		

Lorraine Park Cem.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

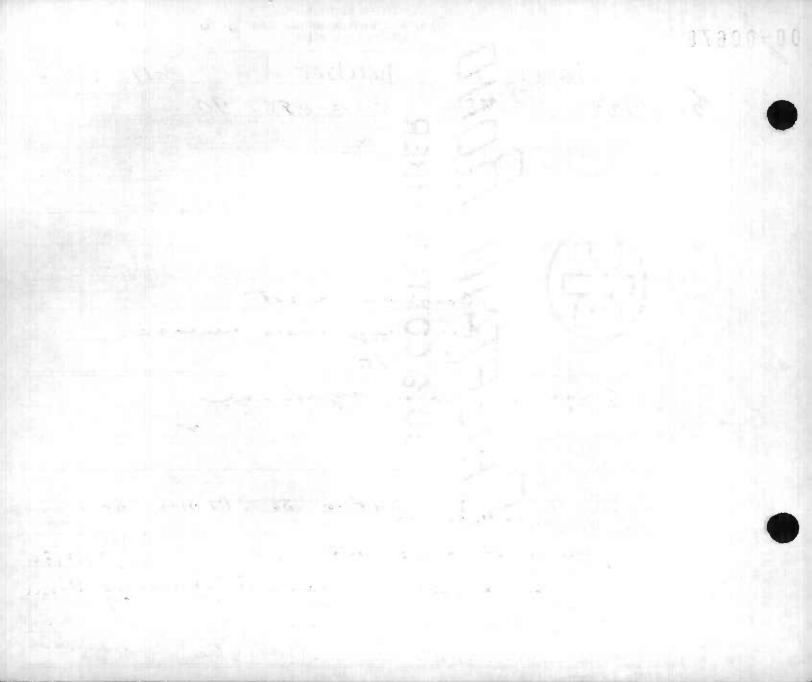
3/19/86

Burial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR 1 0 1986 9 1986

Woodlawn

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FOR - STATE

STATE OF MARYLAND CEPTIFICATE OF DEATH

DAY	YEAR	26. HOUR

		REGISTRAR			CERTIFI	CAIL OF DEATH	RE	G, NO.	
168		CEASED NAME FIRST	_	MIDDLE	-	ST **	20. DATE OF DEATH MONTH DAY YEAR 26. HOU		
		Mrs. Ro	saria D	iBonave			March 8 1986		
	3. SE)		4. RACE		5. DATE O		6 AGE IN YEARS LA		UNDER I YEAR IF UNDE
	Fer	ale	Caucasia	an	Septem	ber 28 1893 ⁵	92 _{YRS}		
91	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
	Ita	Ly	United S	States	WIDOWE		Baltimore	Baltimore County	
71		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCU	IPATION OST OF WORKING LIFE)	126. KIND OF BUSIN
C	Cat	onsville	Inglenoc	ok Nursing H	lome		Homemaker		
6	13a. S	AL RESIDENCE (IF NURSING HOM TATE 136.CC	E OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE		13dINSIDE CITY LIMITS?	130 STREET ADDR	ESS / ZIP CODE	
1	Mar	yland		Baltimore		YEN NO [6401 Loch	Raven Blvd.	2123
2	1	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA UNKNOWN	ME	DEE	LAST
2		VAS DECEASED EVER IN U.S.	ARMED FORCES?			17 Miror Sam Di Bona		DDRESS	2123
La	no	ES, NO OR UNKNOWN) (IF TES	S, OIVE WAR OR DAIES	213-38-53	197	1304 Limit Ave	enue	Baltimore	Maryla
- 1		18 CAUSE OF DEATH (Ente	r only one couse of	er line for (n) (h) on	od (c))				APPROXIMATE INTI
	NOI	PART 2 OTHER SIGNIFICAN		ance 13	DEATH BUK!	C. da-	AINAL DISEASE OR	CONDITION GIVEN	IN PART 110
9	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	28a AUTOPSY?	IN CERTIFYII	WERE FINDINGS US NG CAUSES OF DEA NO
18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4	OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18 PART	I ORPART 2)
2	CAL	(IF EITHER NOTIFY MEDICAL EXAM	AINER) F	P.M.	19				
	MEDICAL	214 INJURY OCCURRED		OF INJURY	FARM ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY
	~	AT WORK NOT WHILE AT WORK			0		,		
		22a I certify that (1) (this ha		he deceased from_	Ordi	2-0- 19 0	. 10	19	So that (I)
		saw the deceased alive obove, (1) (we) (did) (did		y ofter death.	56 on	d that in (my) (our) opinion	deoth accurred on t	he date and hour a	
1		27h SIGNATORS	2479	_	C	ATTENDING PHYSICIAN [MEDICAL DIRECTOR P	STAFF HYSICIAN	3 · 8
7		224 PHYSICIAN'S NAME (TO		A .		22e ADDRESS	Parel	11. 0	of -1-
1		DARSHAW	·S·SA	LUJ81 M	70	1600MT	Lahr	- Herr A.	acto He
		URIAL, CREMATION, REMOV				METERY OR CREMATORY	TEM LOCATION		COUNTY M-
	Ent	ombment	3-12-86	No	otre Dan	e Chapel Maus.	Worcester	Worce	eter Mass.

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 1 1 1986

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE) - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH L DECEASED NAME 76 HOUR Blanche Rushong (TYPE OR PRINT) Diekmann March 1, 1986 9:55p 4 RACE IF UNDER I YEAR 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH White 1889 Female BIRTHPLACE ISTATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED Baltimore County Chio U.S.A. WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFEL Franklin Square Hospital Rossville Homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore Maryland Dundalk Township Road NO E 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Rushona Salome Karper ADDRESS 160 WAS DECEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 21222 LYES NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 214.22.5609 Richard K. Diekmann 1907 Jackson Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: Cardiorespiratory Arrest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Peritonitis Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Perforated Diverticulitis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOVY 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY OFFICE FARM ETC 1 NOT WHILE January 25 220.1 certify that (this haspital) attended the deceased from. 86 10 86 sow the deceased alive on March 1 obove, (n. (we) (did) (did not) view the bady ofter death. 86 _, and that in (mys (our) opinion death occurred on the date and have and Iram the couses stated 276 SIGNATURE 22c. DATE SIGNED MEDICAL ATTENDING March 1, 1986 PHYSICIAN XXDIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LITTE OF PRINT Z.N. Lahiji, M.D. 9000 Franklin Square Drive 21237 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION (SPECIFY) STATE atory Baltimore City, MD
250 DATE REC'D BY REGISTRAR'S SIGNATURE Cremation 3/3/1986 Green Mount Crematory 24 FUNERAL DIRECTOR

Walter Brooks Bradley, Inc. Balto., MD 21222

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DHMH - 16 50M 4/83 (VRA 15, 4)



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SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2470T		The low requires that the death certificate be executed within 24 yours are made a may be	ing projector.	et in Tunsit permit Then pleose remove corbon popers. Poges 1 apg 2 strand to 11 ed with 17 from after death

0-00606	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYL SENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	ENE S O	0	5 8	5
oge 3		CEASED NAME FIRST James	W.	DISNEY J	r.	March 17,		PA3Y YEAR	26 HOUR p 4:55 M
de a mo	3. SEX	ale	White	S. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT	FUNDER I YEAR	HOURS MIN.	
0 135	Ma.	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED K NEVER WIDOWED D	MARRIED D	Baltimore County of Death Baltimore County			
77 37		TY OR TOWN OF DEATH SSVille	Frank Tim. Squares Hospital			120 USUAL OCCUPATION 126 KIND OF BUSINESS OR ON THE USUSTRUS GOV			B Gov t
VIS	13a. S	at RESIDENCE IF NURSING HOME OR STATE aryland Balt		ADMISSION) N 13d INSIDE (YES	CITY LIMITS?	8605 Gold	ZIP CODE enwo	od Roa	237
mpletely odd 2 st		ames W. Disne	ey Sr.	itzer MIDDLE		ĮAS			
n and co	16a V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECUI (E WAR OR DATES) 2164019			sney 8605		nwd Rd	
rtificate k physicio on papers emaval.			olly one couse per line for (a), (b), one D BY: Cardioger (E CAUSE (a)	ric Shock				APPROXI RETWEEN C	MATE INTERVAL DNSET AND DEATH
hat the death cells by the attending ose remove corbons of other troumatic or other troumatic.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	the DUE TO, OR AS A CONSEQUENCE OF						
equires the signed. Then pled injury, or	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATE	D TO THE TERMI	NAL DISEASE OR CONI	DITION GIV	EN IN PART 10	· ·
he low rion. hos bee	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	ORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO			OF DEATH?
Defense: T		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			NJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM IB P	ART) OR PART 2)	
State of the state	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE FA			CITY OR TOV	WN	COUNTY	STATE
CTOR A CT		sow the deceased alive on	tal) attended the deceased from 3/17 19 8	3/8 6, and that in (my	19 <u>86</u> (1 (our) opinion d	, to <u>3/1/</u> eath accurred on the do	ite and hou	ond from the	that (I) (we) last couses stated
TALORY The hotel character control character c		Mulyn	Venury.	TO TO	ATTENDING PHYSICIAN	MEDICAL STAP	F IAN (\$20	22c. DATE	17/86
HOSPI THE SOUND TO FUNE SOUND TO FUNE SOUND TO S		Merlyn Ve	emury, M.D.	9000 F		Sq. Dr., B	alto.	, 21237	

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 24 FUNERAY DIRECTOR

236 BURIAL CREMATION REMOVAL 236. DATE 3-21-86

234 NAME OF CEMETERY OF CREMATORY Cardens of Faith 1211 Chesaco Ave.

Bayler more, MD WNIV

STATE

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO	0680	06		
	CEASED NAME FIRS	ose Mae	DIXON		AST	March 23,		26 HOUR 8:00p		
3 SEX	emale	4 RACE White	е	S DATE O	5 13, DAY 1932 AR	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 H		
76. BIRTHPLACE (STATE OF FOREIGN VI. CITIZEN OF WIND USA			WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIORCED	Baltimore County of DEATH				
R	ossville 212	37 Fran	HOSPITAL, NURSIN H FACILITY, GIVESTREET Klin Sq.	HOSP	DR OTHER INSTITUTION	12a USUAL OCCUPATE Computer Op		nd of Business of		
13a. S		me or other institution. COUNTY altimore	134 CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO	100	ZIP CODE	21221		
	THER'S NAME FIRST Arthu		eadows		is mother's maiden na	Widener		LAST		
	VAS DECEASED EVER IN U.: ES. NO OR UNKNOWN) {IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	232 48		Sandy Nogle	ADDRE D. Niece	Same			
VIION	Canditions, if any, which gove rise to immediate cause (a), stating it underlying cause last PART 2 OTHER SIGNIFIC Chronic Obs.	DUE TO, OIL ANT CONDITIONS CO	PASA CONSEQUE DI abetes DI TRIBUTING TO D U I Monary	ENCEMENT DEATH BUT Disea	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN IN PAI			
CERTIFICATION				OPERATIO		YES NOXX	IN CERTIFYING CAI	USES OF DEATH?		
MEDICAL	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK 220.1 certify that 1 (this saw the deceased alm above. (L(we) (did) (8) 27b. SIGN AT URE	DF DEATH MINER! HOUR A.I 21e. PLACE ((AT HOME STR	M. MONTH DAM. OF INJURY EET, FACTORY OFFICE, F	19 March 86	211. HOW INJURY OCCUR 211 LOCATION STREET 7 19 86 and that in the Lour apinion DEGREE ATTENDING PHYSICIAN	city OR TO	vn count	STATE		
	224 PHYSICIAN'S NAME (odward, M.			9000 Frankl					
3a. B	urial, cremation, remo urial	3/26/			emetery or crematory ill Memorial (ltimore,			
	MERAL MODE	Olyph eral Mome	PA TURY	old E	25a DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	NATURE		

DHMH - 16 60M 7/8 (VRA 15, 4)

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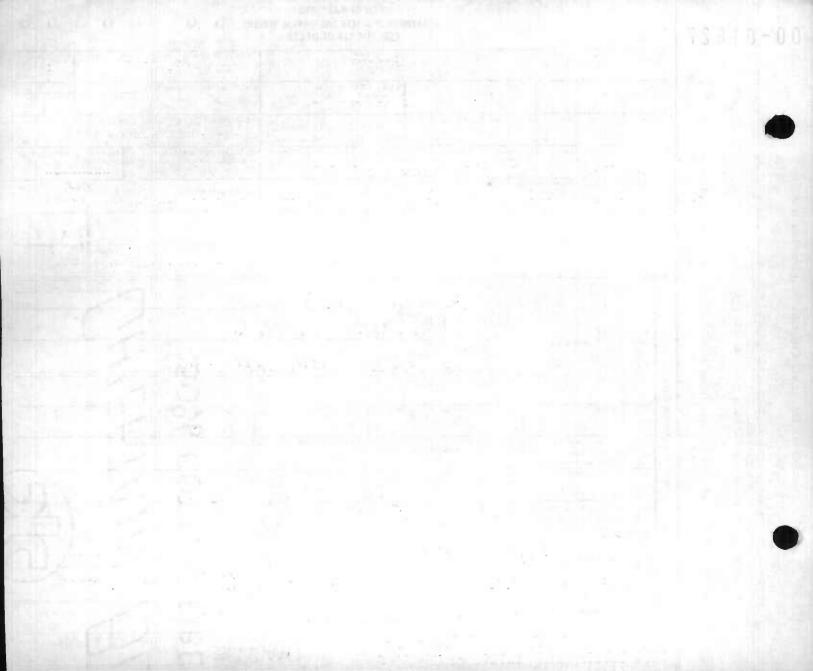
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- March 19 20th - 255 Michael 86 -

LEVEL CHESTER PARTY STATES PROPERTY PORTER

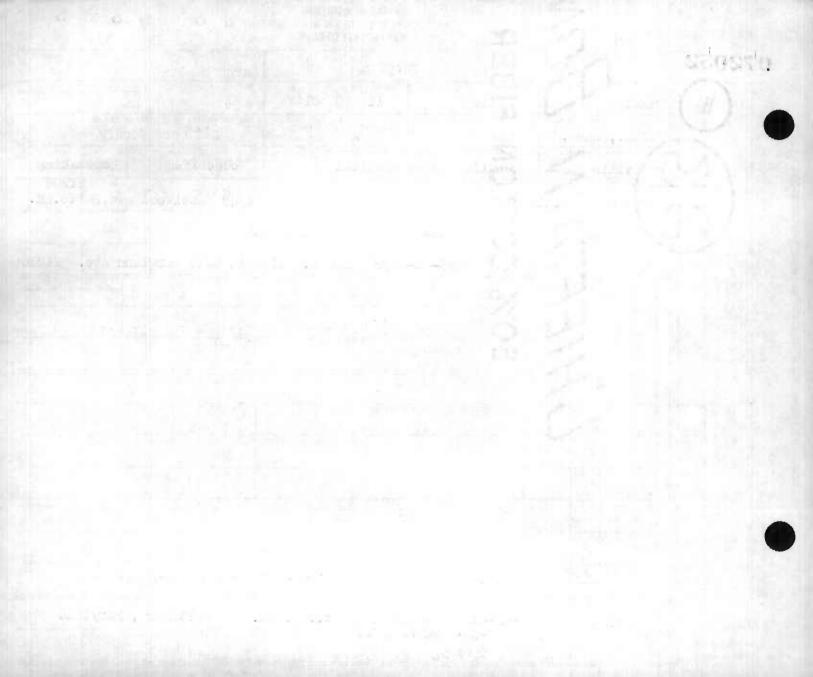
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Therefore dealers of the terminate the section and



(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 072052 1 DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Anna Mary DORZBACHER March 8, 1986 3:45p ~ 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE 3. SEX 5. DATE OF BIRTH OT YEAR 30AY White Female 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE ESTATE OR FOREIGN MARRIED NEVER MARRIED Phila., Penna. Baltimore County USA WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION HOUSEWITE Franklin Square Hospital Homemaking Rossville 21206 13b COUNTY 13. SIREET ADDRESS / ZIP CODE 4949 Hazelwood Ave.Balto.Md. 13d INSIDE CITY LIMITS? Baltimore Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST Hizabeth Henry Butt ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Anna M. Heinlein 6213 Marglenn Ave. 213-01-2896 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 10 PART I DEATH WAS CAUSED BY: Cardiopulmonary Arrest IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Coronary Artery Disease and Gastro- Intestional Conditions, if ony, which gove rise to immediate Bleeding couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH WEDICAL CIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE March 8 86 March 220 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on March 8 19 obove, (1) (we) (did) (did not) view the body after death. 86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT Daniel Kohn, M.D. 9000 Franklin Square Drive 21237 23g. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Baltimore. Maryland Jerusalem Luth.Ch.Cem 3-12-86 Buria 7401 BelAIR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84



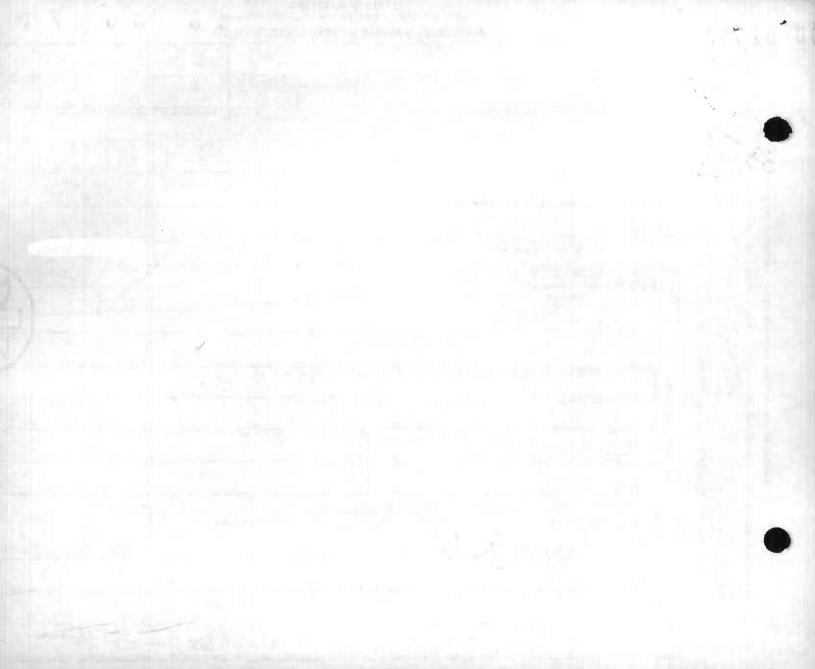
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0-00526	1-	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0010	
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ge 4 mo	1 SEX		A RACE	5. DATE OF BIRTH MONTH DAY T O O O O O O O O O O O O		FUNDER YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	
deooth Po	COUNTRY) Va		US A	MARRIED NEVER MARRIED	Baltimore city or county	ounty me	
ors offer	Ba	rdallstown	Baltimore	Country Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Unemployed	12b. KIND OF BUSINESS OR INDUSTRY	
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be exect on ond c			WAR OR DATES) 166 SOCIALS 2/5-5	6-5007 Hitchell Dr	wer 7400 Mai		
g physici on paper removol.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI		DIAC ARRHYTH	MIAS.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
is that the death c ed by the attending please remove cort rial, remaining in		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OURNCE OF TO DEATH BUT NOT RELATED TO THE TERM			
n. n	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?	
PHYSICIAN: The ending physicio this certhicate he buriol-transit he buriol-transit d Americal Hygie	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE AI (IF EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	DAY YEAR 19 211 LOCATION	YES NOW YES		
NDING 1 or att R: After use as the tealth or	W	WHILE NOTWHILE AT WORK 220.1 certify that (I) (this hospit saw the deceased alive on	3-15	om3 - 5 19_ & 6	depth occurred on the date and hour	9_56, that (I) (we) last	
SPITAL OR ATTEIN OR ALTEIN		obove, (1) (we) (did) (did not	my Noja	DEGREE MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3-15-86	
O HO etorne hould with th	22 0	22d. PHYSICIAN'S NAME (TYPE OF	EPESTRE	120 ADDRESS BALLIMOIRE	COUNTY GENERA	& HOSPITAL	
BP		Burial, CREMATION, REMOVAL SPECIFY) Burial		Noodlawn Cemetery	Baltimore	CO Md	

DHMH - 16 60M 7/84 (VRA 15, 4)

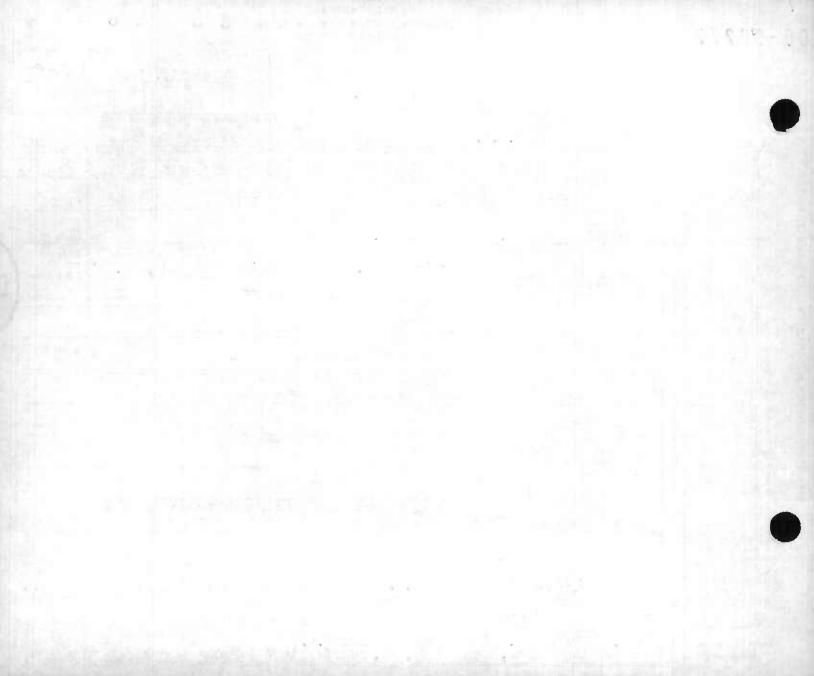
William C. March F/H West 4300 Wabash Avenue

		-	It	ems 18-	-22a 4/2	4/86 mtb	DEPART	STA MENT OF		AND M		YGIENE	6	0	6	8 7	1
0 -	02387			STATE REGISTRAR		MI		EXAMIN	ER'S C	ERTIFIC	CATE O	F DEAT	Н	REG. NO.			
				EASED NAME	FIRST		MIDDLE		1	LAST		20	DATE KN	OWN X	HINOM	DAY YEAR	26. HOUR
	数はは成世					GLADYS		Ni.			MAS		OF E	ATED 3	3-17-	-86 19	M
	\$0255K	/	3. SEX		I. RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UNI		IF UNDER 2	MIN PI	. DATE	D	MÖNTH	DAY YEAR	2d HOUR
	S 25 8				BLACK	7 1,	1934	52 Y		DAIS	HOURS		DEAD	3	3-17-		8:40A
X.	188	21	7a BI	RTHPLACE (STA	ATE OR	76. CITIZEN OF V	VHAT COUN	TRY?	8 MARRIE	ED X NE	VER MARRIE	D 0 9	BALTIMOR	E CITY OR	COUNT	Y OF DEATH	
		10		ARYLAND		U. S.			WIDOWI		DIVORCE		Baltin	ore (Count	V	MD
	一个公司出现	11	RU)	TY OR TOWN C		11. NAME OF HO	SPITAL, NU FACILITY, GIVE S	RSING HOMI	E, OR OTHE	ER INSTITU	ITION	12a USUA FOR MC	ST OF WORKING	ION (TYPE C	OF WORK	DEN HOUS	RY
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	O # 100	50		THER'S NAME	6.7	61110			JIII V		ER'S MAIDEN				aryra		2.7
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	MON SACO	7	16a V		EVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURIT	Y NO.	17. INFOR	MAS ^T unn	vdale	Way	DDDECC		TERSTOW	
	AFE NAGE ISO		(1)	No.	(IF YES, GIVE	WAR OR DATES	215	-28-02	14	Col.	Maceo	R. I	omas.	Jr.	Mary	land 21	133
	LINES OF THE PARTY			18 CAUSE OF	DEATH (Enter on	ly ane cause per lir	ne far (a), (b	, and (c).)							iai y	APPROXIMAT BETWEEN ONSI	E INTERVAL
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	PRE CIL	ZE			s, if any, which to immediate										Titl:		1.4
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	CUT CUT	S S				(c)											
	DIVISION OF VITAL RECORDS, 201 W. PRESTON STATEMENT OF WITHIN 24 HOS RITING THE WORD "PENDING" IN PENCIL IN ITEM ROED TO THE CHIEF MEDICAL EXAMINER ALONG 25 3 SHOULD BE USED AS A BURIAL - TRANSIT PERM TE DEPARTMENT OF HEALTH AND MENTAL LHYGIER.	REMA	NO	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELA	TEO TO THE TERA	MAL DISEASE	OR CONDITIO	IN GIVEN IN PART	T 1 (a).					
	A PER VIEW	JA /	CERTIFICATION	190 DATE OF	OPERATION	196 COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?		1991			20 AUTOPSY	?
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO EUNEAL DIRECTOR:	NO.		22a certify	that I taak charg	ge of the remains d	escribed abo	ve, held an	Autops	y X	Inspection	Ц,	Inquiry	d and	іп ту аріі	nian	
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	ERA ETTE	8		SIGNATURE_	horono	mu vine	TAL		M.	DWDDI	Stalit	MEDIC	AL EXAMINE	ER	SIGNED	2-10-	50
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE	WIL.		EXAMINER'S N	IAME	Margarita	D. Kr	rell.	MD	ADDRESS	11	11 Pe	nn Str	eet			
	45 P R 25	BAL BAL	23a.Bl	JRIAL, CREMAT	ION, REMOVAL			NAME OF CE				123d LOC	ATION		COUNT		
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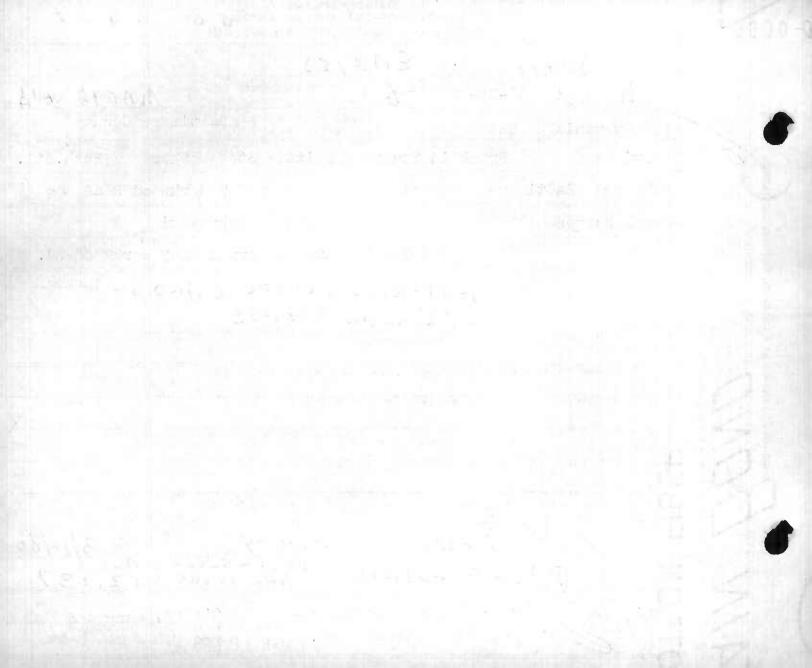


(VRA 15, 4)

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-E ARYES J. 2d HOUR DATE 12-25-09 PRONOUNCED BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore IISA Pennsylvania IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION STYPE OF WORK Beth St1 Franklin Square Hospital Steelworker Rossville UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS 2 1207 Berkwood Road Maryland Rosedale 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Jacob Earves MIDDLE CTara Dambrowski 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YESTO OR UNKNOWN) Stella Earyes 1207 Berkwood Rd. 196035892 IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH ERIUSLLEROTIC CARDIU-PART I DEATH WAS CAUSED BY: BR DISEASE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T. 10. 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. II LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE T 220. I certify that I took charge of the emays described above, held an and in my apinian Undetermined manner Suicide Hamicide ACTUAL KRUEGER EXAMINER'S NAME TIM VIRE MO TYPE OR PRINT 3-19-86 Parkwood Cemetery altimore, 14. FUNERAL DIREG Chesaco Ave. **DHMH - 17** (VR A15 ME (5)) 20M 4/82



Martin D. Lawson, 10 W. Padonia Rd.

MAR 26

DHMH - 16 60M 7/B4 (VRA 15, 4)

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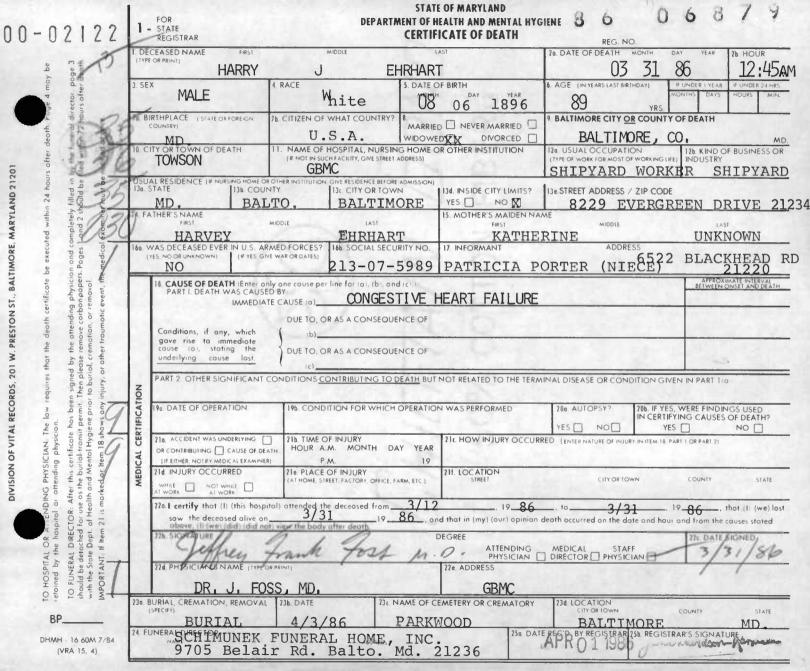
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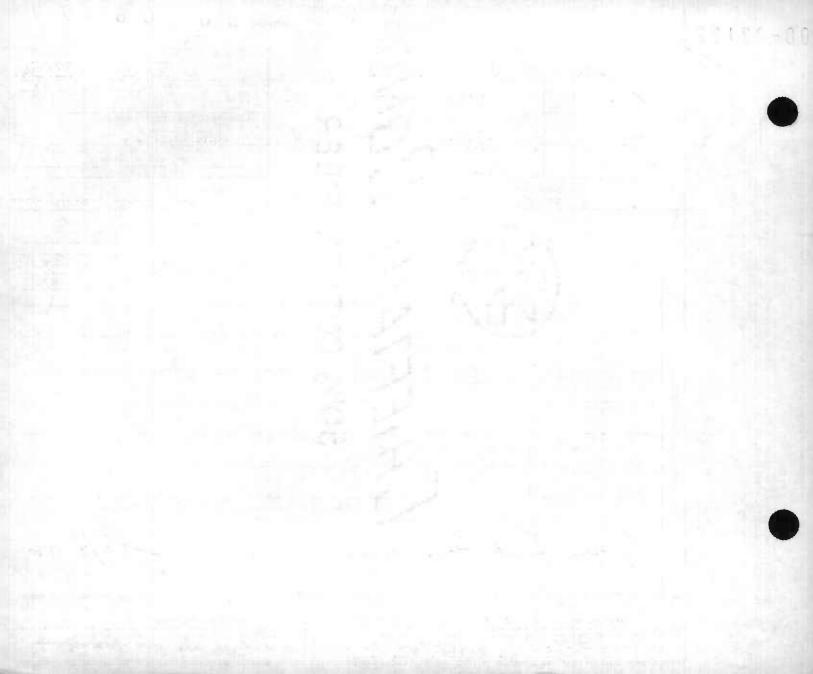
DEPARTMENT OF HEALTH AND MENTAL HYGIENES 1 - STATE 069043 CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Ada Ignatius Eckhardt 5-1986 poge r 4:560 M 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) Oct. 14, 1902 HOURS Female White 7a. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWEDXT DIVORCED [IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore County Gen. Hospital Balto. Randallstown Transi DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. Balto. 21208 Pikesville 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 614 Milford Mill Rd. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST MIDDLE Newton Kirby Hopkins Marie 630 Lynn Way 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 212-28-8593 Roland Eckhardt Sykesville, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Sentic IMMEDIATE CAUSE (0). DUE TO OR AS A CONSEQUENCE OF EMBOLIC Conditions, if any, which 560464 gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. AIV! WI FIBRILLATION Chronic PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO YES T NO F ntal Hygi 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ŏ (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (THE OR PRINT) 22e ADDRESS J. Chircus M.D Allan County 0 230. BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) March 8,1986 Boonsboro Cemetery Boonsboro, Washington Co., Md. Burial 24. FUNERAL DIS 250, DATE REC'D. BY REGISTRAR 366, REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 Owings Mills, Md. (VRA 15 (4))

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		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 6	0010
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		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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po po per d	3. SE>		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ector rrs of		Male	White	10 6 1916	69 YRS	MONTHS DAYS HOURS MIN.
2 g g	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
or or or	E	RONX, N.Y	U.S.A	WIDOWED M DIVORCED	Baltimore C	ounty MD.
ofter of the fr	P	KesVIIIe	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR INDUSTRY INSURANCE
ours Digital			OTHER INSTITUTION GIVE RESIDENCE BEFOR			
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n ond c Poges		VAS DECEASED EVER IN U.S. ARI	MED FORCES? E WAR OR DATES) 061-01-		benstein 2725 W	Podepurt Rd 21.
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beer or rough	4	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
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by the hospital or attending physician. BRAL DIRECTOR, After this certificate has be eletached for use as the burial-irronsis permission Dept. of Health and Mental Hygiene print. Will: If them 21 is morked or ItemAB shows on	WEDICAL WEDICAL	21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFF MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this haspit saw the decased live an above, (I) (well clid) (Idid not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF CAUSE) 22d. PHYSICIAN'S NAME (TYPE OF CAUSE) 22d. PHYSICIAN'S NAME (TYPE OF CAUSE)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 23) yiew the bady after death.	AY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS NAME OF CEMETERY OR CREMATORY	YES NO IN CERT YES NO IN CERT YES NO IN TO THE METER AT T	IFYING CAUSES OF DEATH? ES NO PART LORPART 2) COUNTY STATE 19 A hat (1) (we) lost us and from the causes stated 22c. DATE SIGNED 3 - 23 - 46
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TO HOSPITAL O. ATTENDING PHYSICIAN. The low retoined by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has be should be detached for use as the burial-tronsit permit with the State Dept of Health and Mental Hygiene principle. WAPORTANT: If Item 21 is morked or Item 48 shows on	WEDICAL	21a, ACCIDENT WAS UNDERLYING CARCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK 22a. I certify that (I) (this haspit saw the descaped alive an above, (I) (well (did) idid not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF CAUSE OF COMPANY OF CAUSE OF COMPANY OF COMPA	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 23) yiew the bady after death.	AY YEAR 19 211 LOCATION STREET A ON CHARLET 19 A ON CHA	PRED (ENTER NATURE OF INJURY IN ITEM IS CITY OR TOWN ACCURATE A THE ACCURATE AND	IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 Let (I) (we) lost us and from the causes stated 22c, DATE SIGNED 3 - 23 - 96 K Opposite the county of the causes stated





Carriage of the Long 6 maths X Low & Brooks Man - X THE FERENCE WAR CALL THE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00-0213	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL I	HYGIENE 3 O U	0001
1 7 6	DECEASED NAME PROTECTION DEPENDS FUR 6-1	MIDDLE 4 RACE	ELKINS	3 3	PAN YEAR 26. HOUR JE UNDER I YEAR IF UNDER 24 HRS.
4 60 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Male	White	10 9 1900		NONTHS DAYS HOURS MIN
85	Lincoln County	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED NORCED	9 BALTIMORE CITY OR COUNTY	
0	Randalls town	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, MCRISHAN NUR IR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADDRESS) 9109 25. Center Niber		
(1)	Maryland Car	roll Westmin	ster 136. INSIDE CITY LIMITS	500 S. Center	St. 21157
Complex with	Overton 160, WAS DECEASED EVER IN U.S. A	MIDDLE LAST Elki RMED FORCES? 116b SOCIAL SECU		MIDDLE	Elkins
be exec	TYES NO OR UNKNOWN) (IF YES, G	402-05-	2047-A Jean So	cott (same as 13	le)
ires that the death certificate gned by the ottending physici n please remove corbonopopet buriol, cremation, or remaval. ry, or other troumatic event, th	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	NCE OF BACIE	runcher durence - Suerosis ERMINAL DISEASE OR CONDITION GIVI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he law requian. Ans been significant the ene prior talaws any injur	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
SiCIAN: Ting physici certificate viral-transitions item 18 shiften	OR CONTRIBUTING CAUSE OF DE	R) HOUR A.M. MONTH DA	Y YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
ottendi otter this sos the bi h and h	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT MOME STREET FACTORY, OFFICE F.	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
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HOSPI THE STATE OF TAKEN	22d PHYSICIAN'S NAME (TYPE	ORPRINT)		ERIDIAN . M-H	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

236 BURIAL, CREMATION, REMOVAL

236. DATE

234 LOCATION

STATE

4-2-86 Evergreen Memorial Finksburg
Gardens Son Fletcher Son FPR 02 1986 Westminster, Md. 2115;

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4 4	. 1	EGISTRAR		MI	EDICAL EXAMIN			F DEATH	REG. NO.			
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		sville 2			FACILITY GIVE STREET ADDRESS) n Square Ho		INSTITUTION		nt Operat	Bar	OF BUS	re
	100				GIVE RESIDENCE BEFORE ADMISSI	_		Dquipino	no operac	OT CO	unty	
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		Raymond		WIDDIE	Emge		Bessi		MIDDLE	Willi	AST	
160	a W.	AS DECEASED EVE	R IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURIT	Y NO. 17	INFORMANT	5	ADDRESS	MITTI	ams	
	1 34	, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	215 28 83	20	Frances E	Emce	(Wife)	Sa	ıme	
-	_	8 CAUSE OF DEA	ATH (Enter anly	ane cause per lin	ne for (g), (b), and (c).)		I tancos D	• Dilge	(wrie)	APF	PROXIMATE	
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			BOOKEDIATE	DUE TO 9	DAS A CONSEQUENCE	QF	AROIA	10ASC	SLART	7/05	AS.	5
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П				(c)								
١,		PART 2 OTHER SIGNIFICA	INT CONDITIONS CO	INTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	IINAL DISEASE DI	CONDITION GIVEN IN PA	RT T (a)				
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A DE	2	176. DATE OF OPER	AHON	148 COND	DITION FOR WHICH OPER	MATION WAS	PERFORMED?			20 A	UTOPSY?	V
1	ŀ	I a. EXTERNAL CA	USE WAS	21b. TIME C	DE INTURY	Tale HOW	/ IN II IBY OCCUPE	D (SNITSBALATURE OF	INJURY IN ITEM 18 PART 1		res 🗆	NOA
2	- 1	INDERLYING [OR	HOUR A.	M. MONTH DAY YEAR	210.1104	INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PART 1	DR PART 2)		
Dist	w 8.	CONTRIBUTING		21e PLACE	OF INJURY (ATHOME.	211 LOCA	TION					
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	1	remaining the same	Supervision-	124				X				
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	1	death resulted fro	ny Noture	CONE I	Accident L. Su	icide,	Hamicide	Undetermined	monner,			1
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23a	. BUI	RIAL, CREMATION,	REMOVAL 236	DATE	23c NAME OF CEA			23d LOCATION				
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74	FUI	DIRECTOR	3	WILL TORES	Struke				RAR 256 REGISTRAF			
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07100	7		FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		06883
	-		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 25. HOUR
# m# /	ix	(TYPE	George George	G. ENGELHARDT		March 8, 1986	6:30A M
100	6,	3. SE		4 RACE 5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
\$ 5 E	4	1	Mael	White Mgh	DAY YEAR	72 YRS	s
2 B 2	82	-0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? B MARRI	ED MEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
1 100	1	_	alto. Md.	U.S.A. WIDOW		Baltimore Cour	
4 41		10 .	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING	
1 Sales	2-4	AVSU/	LI RESIDENCE HE NURSING HOME O	Franklin Square H	pspital	Type Setter	Eagle Printin
1 6	\mathbf{X}	13a S	TATE MACOU	ROTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION NTY 130. CITY OR TOWN Balto.	138 INSIDE CITY LIMITS?	6209 Alta Ave	
1 CA	1	14 FA	THER'S NAME		15 MOTHER'S MAIDEN NAM		
7 91	100	1	George Engle	Shardt LAST	Cathen	ine Biddison	LAST
op p	0	60 V		RMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	6209 Alta Ave.
2 10	1		yes (IF YES	213-09-8823	Mrs. Theresa	M. Engelhartd	Balto. Nd2120
ysic ope ope	11, 12		DARKI DEATH WALLE CALLE	nly one cause per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
entificat ig physi sonpop removo	ever		IMMEDIA	TE CAUSE 10) Cardio respira	tory Arrest		
endin	matrice.			DUE TO, OR AS A CONSEQUENCE OF	addina Dilamanan	D:	
e offi	trou		Conditions, if any, which gove rise to immediate	(b) Chronic Obstru	ctive Pulmonar	y Disease	
by th	othe		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF			A LOY LA
ned plec	٧. ٥.		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I to
equir in sign Then r to b	n la	ON	Gastrointestin	nal bleed-Sepsis- Pos	sible recurren	t lung adenoca	rcinoma
ow r	à /	CAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
The Cion.	1	CERTIFICATION				YES NO	YES NO
NAN PAN	0		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	(B PART OR PART 2)
SKI ing p	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 19 21e PLACE OF INJURY	211 LOCATION		
r the	ed /	MEC	WHILE IN NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
or o or o office os	a or		AT WORK AT WORK	nital) attended the deceased from Marc	h 6 10 86	to March 8	
TOR.	21 is		saw the deceased alive or	March 8 19 86	and that in (pv) (our) apinion o	death accurred on the date and l	
OR A te hosp DIREC Sched Dept.	E e		22b. SIGNATURE	or view the body offer death	DEGREE		22c. DATE SIGNED
7 = 7 = 0	*				ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
HOSPITAL Ined by 18 FUNERAL old be det	TAL		224. PHYSICIAN'S NAME (TYPE	my sill	22e ADDRESS	VIII DE DE DE DE	
TO HOSP retained I TO FUNE should be with the S	MPORTANI					in Square Drive	21237
	-1	23a E	URIAL, CREMATION, REMOVAL	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		24 FI	Burial INERAL DIRECTOR	3-11-86 Parkuve	od Cemetery, DATI	E PEC DE BOLLO	ISTRANSIMENATORE
DHMH - 16 60M : (VRA 15, 4)	7/84			Inc-6415 Belair Rd2		0 30 0	SINATURE
(VKM 13, 4)		1	incles increase I	me-ort) werene na21	200	KIU	

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				STATE OF MAKTLAND		A 14 PM	- 4
0-01867	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	0 5 5	Long
oy be		CEASED NAME FIRST ROBER	↑ C	ERICSON	2ª DATE OF DEATH MONTH	24/86 2 HOU	PA M
ge 4 moy ector po	3 SE	* MALE	1 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 3-12-15	6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONIHS DAYS HOURS	R 24 HRS MIN.
16/2	0	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNDOWED DIVORCED	BALTI MURE	COUNTY	MD.
1) 32	lo	ITY OR TOWN OF DEATH	ST. JOSSPH	HOSPITAL	170 USUAL OCCUPATION (TYPOF WORK FOR MOST OF WORKING L	176. KIND OF BUSINE	ESS OR
133	n	ARYLAND BALT	OTHER INSTITUTION GIVE RESIDENCE BEFOR	YES NO X		ARFORD ROLL	AD AD
complete	1	ATHER'S NAME FIRST HARDS WAS DECEASED EVER IN U.S. AR	R. SRICSO	IS MOTHER'S MAIDEN NA FIRST JA 10 JRITY NO. 17 INFORMANT	ADDRESS	PSTERS	son
be exection and rs. Pages	100		E WAR OR DATES) 216 10	ON4 FAMIL	4 RECORDS		
g physic son pope removol.		PART I. DE ATH WAS CAUSE	ly ane cause per line far (a), (b), ar D BY: E CAUSE (a) Candid	schonary arrest o	and death	APPROXIMATE INTER	DEATH DEATH
death contending over carb		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF			
that the deat d by the atter lease remove c iol, cremation, or other traum		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ENCE OF			
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SICIAN: T ag physics certificate rial-transit ental Hygi		2 a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART) OR PART 2)	
offendin offer this os the but th and Mo	MEDICAL	71d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	PARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY S	STATE
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BP	2	BURIAL, CREMATION, REMOVAL ISPECIFY)	3-25-1986 G	RESA MOUNT	BALTIMURE	MARYL	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	UNERAL DIRECTOR NAME VANS CHAPLE	OF CIERORILS	HARFORD PAR MAI	REC D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE	B. S.

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, , ,		EASED NAME FIRS		MIDDLE		ST	20. DATE OF DEATH	MONTH DAY		Th HOUR A
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38-4	3. SE	MALE	4 RACE	E	S DATE O	f BIRTH EMBER 29 ^{ye} 191	6. AGE (IN YEARS LAST BIR	YRS		IF UNDER 24 HRS HOURS MIN.
25		RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND		OF WHAT COU	NITDV2 R	NEVER MARRIED	BALTIMORE CITY C	R COUNTY OF	DEATH	MD
3		ORT HOWARD	(IF NOT IN	OF HOSPITAL, I	NURSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C TRUCK DRIV	OF WORKING LIFE!	NDUSTRY	n Bro.
5	MAR	YLAND :	ME OR OTHER INSTITUT OUNTY	13c CITY O	DE BEFORE ADMISSION) OR TOWN IMORE	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1629 SPRUG	ZIP CODE CE STREE	T 2	1226
0		Alphonse	WIDDLE		OSITO	15 MOTHER'S MAIDEN N ANNA	MIDDIE	*	Dome	enica
2			S. ARMED FORCE S. GIVE WAR OR DATE: VII	(3	05 1811	Evelyn A.	Esposito		as 13	е
		18 CAUSE OF DEATH (Ent PART I, DEATH WAS CA	er only one couse NUSED BY: DIATE CAUSE (o)	per line for (o), PNEUM	(b), and (c),)	A 11 TE	NUE		APPROXIMA BETWEEN ON	ATE INTERVAL USET AND DEATH
		Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	h (b)	CHRON	NSEQUENCE OF IC RESPIF	ATORY FAILUF	Œ		5 MIN	NUTES
injury, ar	NOI	PART 2 OTHER SIGNIFICA	NT CONDITION	SCONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN I	N PART 110	
	CERTIFICATION	190. DATE OF OPERATION	19b. CO	NDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE IN CERTIFYING	G CAUSES O	
9		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	MINER)	AE OF INJURY A.M. MONI P.M.	TH DAY YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
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X		22a.l certify that (1) (this sow the deceased alm above, (1) (we) (did) (d			_19 <u>_86</u> , on	d that in (my) (our) opinion		ote and hour one	d Irom the co	
		22b. SIGNATURE	105/	pine	-	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA		22¢ DATE SI	
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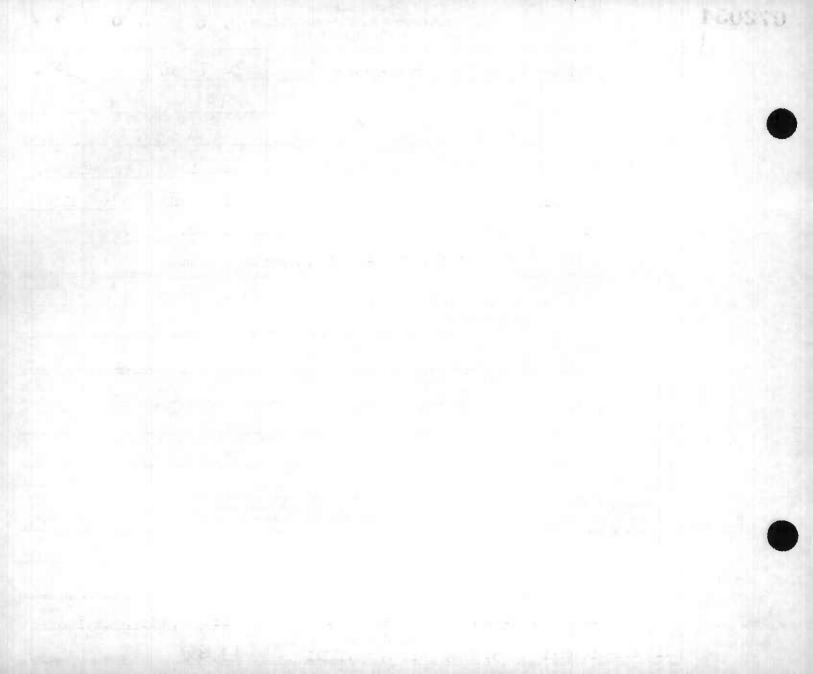
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A 11 1-	10 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION		(IND OF BUSINESS OR
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I with	14 F	ATHER'S NAME	MIDDLE Farkas	.51	15 MOTHER'S MAIDEN NA			LAST
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n ond co	160	WAS DECEASED EVER IN U.S. AI		SECURITY NO.	Maria J. Fa	ADDRE		
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certificate ing physici rbanpapei r removal. ic event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	FD RV.	,	a) l	+ + +	86	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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ow ree	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
	IFIC					YES T NOT	IN CERTIFYING CA	AUSES OF DEATH?
F 0 0 0 F	18	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR			
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HYSIC nding his cer burio ar fter	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION			
G PH s the s the rked of	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	OFFICE, FARM, ETC)	STREET	CITY OR TOV	VN COUR	NTY STATE
Affice of the second	П	22a. I certify that (1) (this hosp	ital) attended the deceased	from	, 19	, to	. 19	, that (I) (we) last
TTEN pitol TOR: for us of He		saw the deceased alive or abave. (1) (we) (did) (did no	n	_19, at	nd that in (my) (aur) apinian	death accurred an the da	te and have and fro	im the causes stated
hos hos ept.		22b. SIGNATURE			DEGREE		22c.	DATE SIGNED
AL O the detach detach TI: If H		7	ombe		ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	
OSPITAL (ed by the UNERAL DA be deto the Stote ERTANT: If		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	77797	22e ADDRESS			
HIE HIELD		J. A -	Tomba					
of of of w	23a	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
BP		Cremation	Mar. 10,1986	Gree	nmount	Baltimore	City, M	arvland
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADC	DRESS 6500	IUIN NU.	E REC'D. BY REGISTRAR	56. REGISTRAR'S SI	GNATURE
(VRA 15, 4)	Mi	tchell-Wiedefel	ld Home, Inc.	Balto.	Md.21212 M	AR 1 1 1986	100 mar 2 107 135 11	ann Bando 88

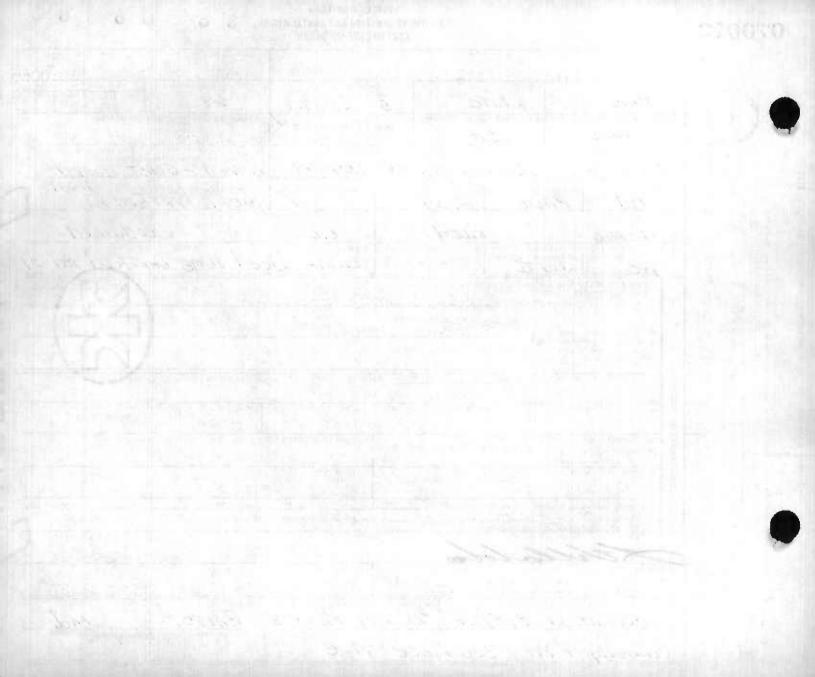


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

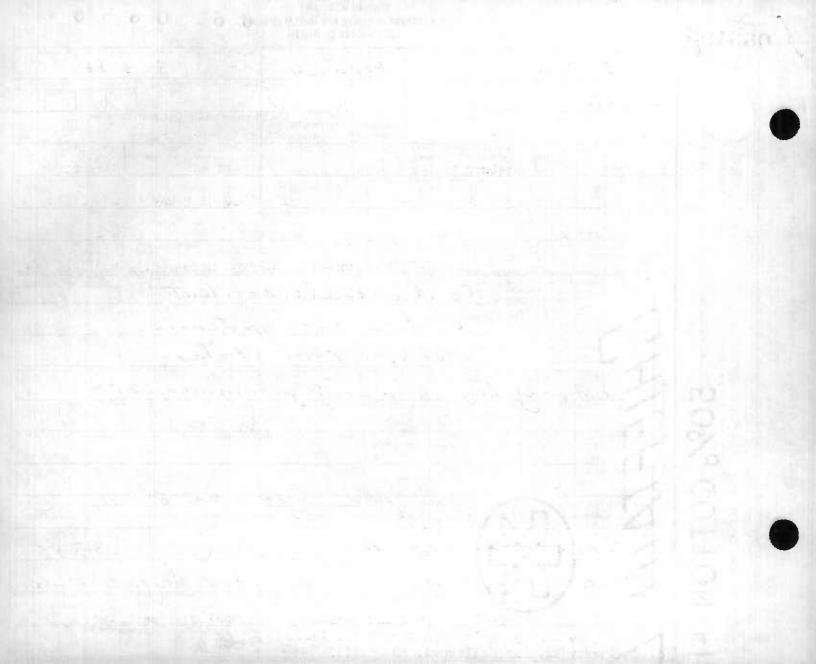
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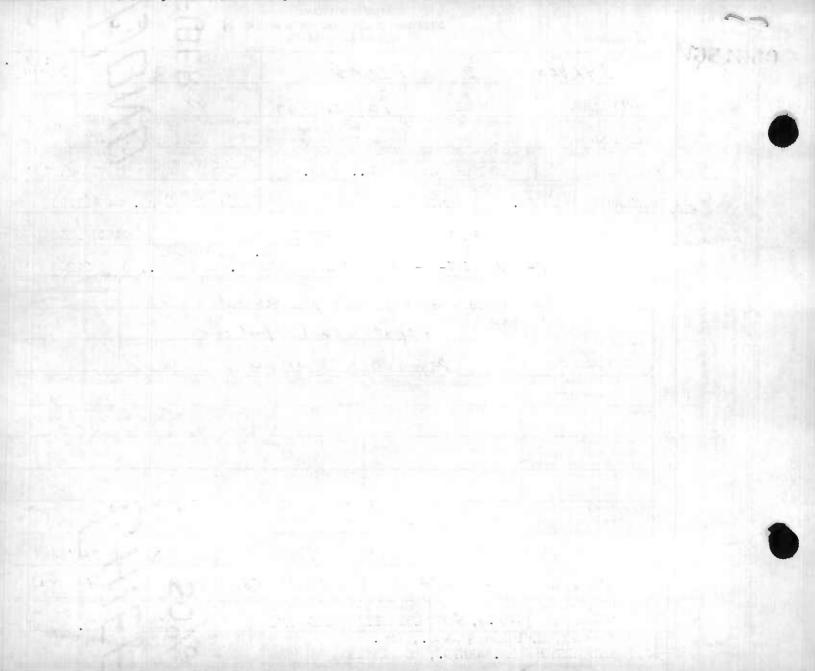
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066195	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 6 Q	6889
75	I. DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be	Z Ve	14M	Is no	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	3 86 M
	- 1	Cauca	M	ONTH DAY YEAD		MONTHS DAYS HOURS MIN.
1 10	70. BIRTHPLACE (STATE OF		WHAT COUNTRY? 8.	RIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
1 IF ALL	Maryland	USA		WEDEK DIVORCED	Baltimore_Coun	tyMD
offer of the t	IO CITY OR TOWN OF DE		HOSPITAL, NURSING HOADCH FACILITY, GIVE STREET ADDRESS	E OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
6 5 A	Lochearn	Augsbu	rg Lutheran I	lome	Retired	Seamstress
10 2 17 14 hou old be wist be			13c. CITY OR TOWN		13e. STREET ADDRESS	A 01010
short short	Maryland 14. FATHER'S NAME	Baltimore	Baltimore	15. MOTHER'S MAIDEN N	4320 Clareway	Ave. 21213
maky mplete and 2	Frederi	ok widdl€	Smith	FIRST	WIDDLE	Wardell
i 8 8-		IN U.S. ARMED FORCES?			ADDRESS	D 21207
be executed in and in a	No		219-07-8330	Augsburg Lu	theran Home 681	1 Campfield Rd.
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OKD.	O CASC	io my all	DIPION FOR WHICH OPERA	near pri		YES, WERE FINDINGS USED
nos be no	19a DATE OF OPER	176 CON	BHON FOR WHICH OPERA	TION WAS PERFORMED	YES NOTE IN CER	TIFYING CAUSES OF DEATH?
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DHMH - 16 50M 4/B2 (VRA 15, 4)		oring Byers v Rd. Randa		21133 MAR	TE REC'D. BY REGISTRAR 256, REG	- TORE
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be executed and a second and a second a		VAS DECEASED EVER IN U.S. A YES NO OF UNKNOWN) YES WWI	WE WAR OR DATES) L-ARMY	577-03-		3219 MA	MRS. I	HILDA 1PD D. BA	LTO.,		208
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N: The low ysicion.	CERTIFICATION	21a ACCIDENT WAS UNDERLYING				21c HOW INJURY	YI	ES NO	IN CERTIF	YING CAUSES	
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L OR ATTENE the hospital to L DIRECTOR: toched for us to be Dept. of Hee		22a I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did in 22b. SIGNATURE	n & P	M 3-1-19	<u>\$6</u> , or	DEGREE ATTER) opinion death	occurred on the	date and hav	22c. DATE	
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(VRA 15, 4)

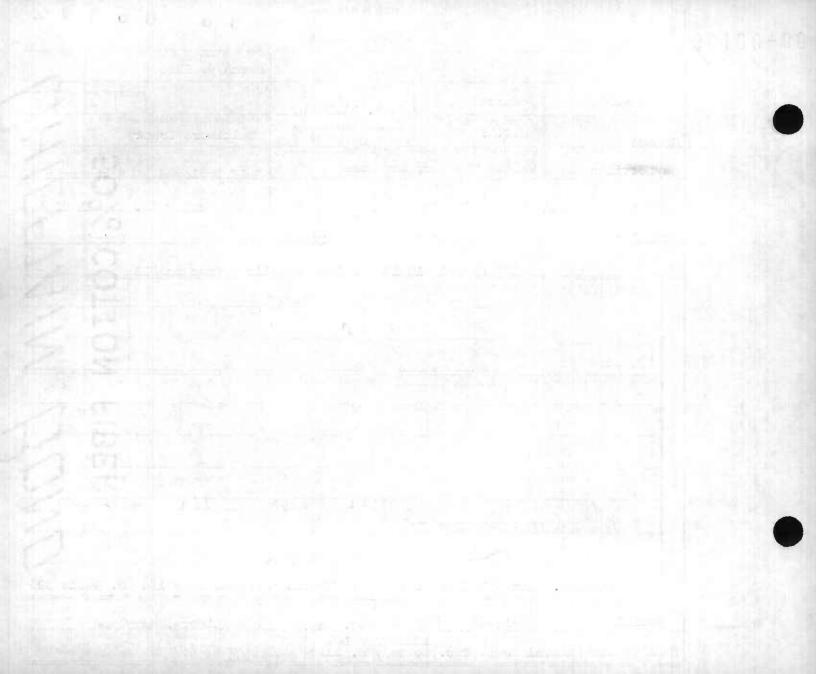
STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) poge 3 SOPHIA March 9, 1986 FOCAS 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE director, po 3. SEX 5. DATE OF BIRTH F UNDER 24 HRS MONTH DAY YEAR Female White Sept. 21,1897 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED mpletely filled in by the funeral apple 2 should be filed within 72 h U.S.A. Baltimore County WIDO WED T DIVORCED Greece 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION Valley View Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baynesville Self Employed Restuarant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? NO X Baltimore Timonium YES [Maryland 2308 Foxley Rd 21093 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST and comp Stellios Hariklia Couvaras Paizis ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ave carbon popers. Pages (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 093-10-1381A Julia Drometis - Same as #13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c PART I. DEATH WAS CAUSED BY. thois pulmonaku IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF C V. Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION a prior 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? r use as the burial-transit per Health and Mental Hygiene NOF YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION morked or COUNTY STATE STREET CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 22a | certify that (1) this haspital) attended the deceased from 2/2/ and that in (my) Jour) opinian death occurred on the date and hour and from the couses stated we) (did) aid nat) liew the bady ofter death. DIRECT 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING / MEDICAL the State (FUNERAL PHYSICIAN DIRECTOR PHYSICIAN ORTANT 22e ADDRESS George B. Albright III, M.D. 10 Warren Rd., Cockeysville Md. Suite 320 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Buria1 3-12-86 Greek Orth. Cem. Baltimore. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRES 1050 York Rd. DHMH - 16 60M 7/84 Ruck Towson Funeral Home, Inc., Towson, Md. 21204 (VRA 15, 4)

STATE OF MARYLAND



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(VRA 15, 4)

E TRAR		C	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	6 REG 1	10.	0	6	3	9	6.
NAME	FIRST	WIDDIE	LAST	20 DATE OF	DEATH	MONTH	DAY	YEAR	2b 1	HOUR	
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069059 DECEASE (TYPE OR PRIN EVA Z, FORTLER 1-00 20:35 A M 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF LINDER I YEAR IF LINDER 24 HRS MONTH YEAR WHITE NOV. 1909 FEMALE 76 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) BALTIMORE CO. NEW DIVORCED K HAMPSHIRE U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE: INDUSTRY RANDALLSTOWN BALTIMORE COUNTY GENERAL HOSPI HOMEMAKER HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BALTIMORE 21208 Md. PIKESVILLE YES X NO [SUDBROOK 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE LAST BOLUS PETERS **EMMA** MARTIN **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 5606 37th AVE. (IF YES GIVE WAR OR DATES) 005-26-3494 HYATTSVILLE, Md. 2078 NO JOAN F. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [] NO T 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STREET CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) WHILE NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abaye, (1) we (did) (did nat) view the book after death 226. SIGNATURE DEGREE 22c DATE SIGNED Ma ATTENDING MEDICAL STAFF -1-1986 PHYSICIAN DIRECTOR PHYSICIAN

> 230 BURIAL CREMATION, REMOVAL 23b. DATE CREMATION

23c. NAME OF CEMETERY OR CREMATORY

CHAMBERS CREMATORY

RIVERDALE.

P.G.C. Md.

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

FOR - STAT

W. CHAMBERS CO.

RIVERDALE. Md. 20737

-3-1986

23d MOCATION

250 DATE REC'D. BY REGISTRARI256 REGISTRAR'S SIGNATURE

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1. DE	ECEASED NAME FIRST MARY	LEE	FOSTER	20	DATE OF DEATH	3 04	100	10:00
3 SE	FEMALE	4 RACE White	5. DATE OF BIRTH MONTH DAY MARCH 3, 19	13 YEAR	AGE IN YEARS LAST BIRT	YRS.	VIHS DATS	IF UNDER 24 HRS
Ma Ma	BIRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIED	BALT IMORE	COUNT		N
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Repowedly injury	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED	200 AUTOPSY?	20b IF YES, WIN CERTIFYIN	VERE FINDING NG CAUSES C	GS USED OF DEATH?
d or frem 18ch	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR		(ENTER NATURE OF INJUR	PY IN ITEM IB PART	I OR PART 2)	
orkedor	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	17.6	ī	CITY OR TO		COUNTY	STATE
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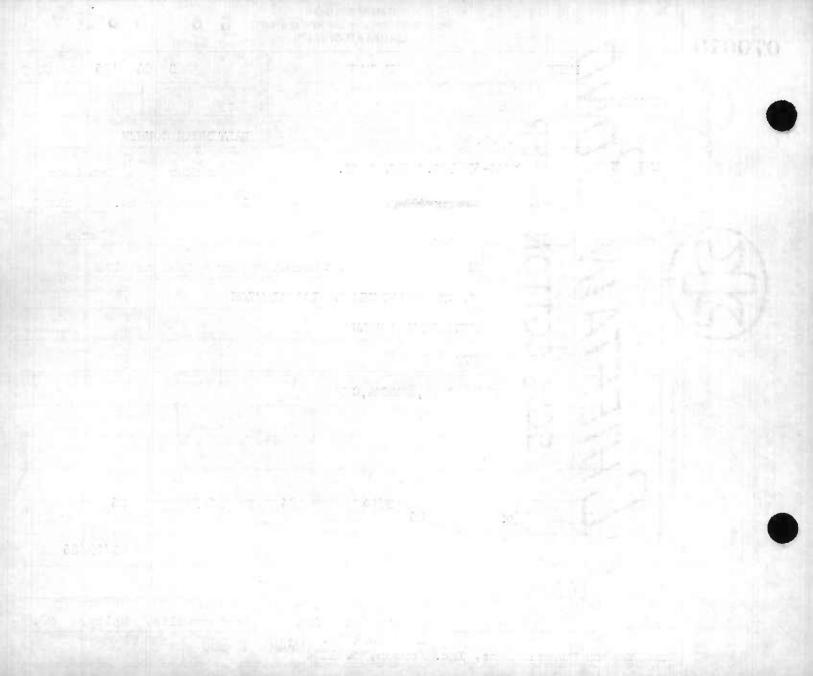
24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b DATE 3-8-86 23t NAME OF CEMETERY OR CREMATORY Jessop Methodist

23d LOCATION
COCKEYSVILLE,

Md. Balto.

254 DATE RECED BY REGISTRAR'S SIGNATURE. 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204



- 11642	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND	MENTAL HYGI	ENE 8 6	NO.	6	3 9 5
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ompletely of 2 si		ATHER'S NAME FIRST	Edo	gar	Foulk		An	S MAIDEN NAM	WIDDLE		Hani	
be execu		WAS DECEASED EVER YES, NO OR UNKNOWN!		WAR OR DATES)	216-16-		IT INFORM Eliza	beth S.		Same	e as 1:	3e
equires that the death certification is signed by the attending of the please remove cult to buriol, cremation, injury, or other troumit	NOI	PART 2 OTHER SIGN	which mediate the lost.	DUE TO, O	r as a coñseo r as a conseo	UENCE OF		D TO THE TERMI	NAL DISEASE OR CO	NDITION GIVI	EN IN PART I	0.
The low ration.	CERTIFICATION	19a DATE OF OPERA			ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	200 AUTOPSY? YES NO NO	20b. IF YES IN CERTIFY YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
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R ATTENDI haspitol or RECTOR: A ned for use spt of Heol		220 certify that (1) sow the decease above, (1) (web)			- 1 11	36 00		N. 17	, to3 eoth occurred on the	dote and hour		
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DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director	Inc.	7922 W	ise Ave.	, Dune	lalk, N	NAA!	R 1 8 1986	0 . 1	5 · A	Pandere.

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E 14	3 SE		4. RACE		5. DATE C	V	6. ASE (IN YEARS LAST BIRT	MAC	UNDER I YEAR	IF UNDER 24 HRS
966		Female	White		Octo	ber 1, 1904		O YRS		
death. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHA	l.	WIDOWE		Baltimorecityo Baltimore			MD.
offer of		sville 21237	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospi			ital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWITE	ON WORKING LIFE)	12b. KIND OF INDUSTRY,	BUSINESS OR
24 hour	130 5	AL RESIDENCE (IF NURSING HOME O TATE 136 COU Lryland Balt	r other institution give NTY 13c imore	RESIDENCE BEFORE CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS /	ZIP CODE	re. 212	21
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attendir ottendir iter this os the bu h ond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN	ACTORY, OFFICE FA		211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
spital ar CTOR. Al for use of Health		22a I certify that (I) (this hasp saw the deceased alive a above. (I) (we) (did) (did no	March 29	ceased fram	ebru	ary 28 , 1986 and that in (my) (our) apinion o	, 10	te and hour o		hat (I) (we) last auses stated
by the hose ERAL DIRECT CONTROL OF ANY IN HERE DEPT.	â	22b. SIGNATURE	expo	mg	2m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F IAN 🔲	3-5	19-86
TO HOSPITA retained by TO FUNERA should be de with the Stat		Norris Ho	rwitz, MD			9000 Frankli		ive, 2	21237	
BP		urial, cremation, removal	236 DATE 4/1/86			emetery or crematory wn Cemetery	Baltimor		ryland	
DHMH - 16 60M 7/84 (VRA 15, 4)	1	Pune Tune	Fal Bome F	A 1407	Old I	Sastern AveR	REC'D. BY REGISTRAR	Sb REGISTRA والمحادثة	AR'S SIGNATU	RE

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-00650 - STATE MEDICAL EXAMINER'S CERTIFICAT REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-STEPHEN DEATH MATED R FOXWELL 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNC 01 72 YRS M 01 14 TE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED DIVORCED BALTIMORE 0 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OSPITAL NURSING HOME, OR OTHER INSTITUTION 11 NAME C OR INDUSTRY BALTIMORE ST JOSEPH Retired McCormick Co. JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3a STATE 13c. CITY OR TOWN Balte. 5346 SWEET Baldwin 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Foxwell E. Hindman Susan John 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 215-09-5597 Same as 13e W.W. 11 Mrs. Irma E. Foxwell 18 CAUSE OF DEATH (Enter only one cause per W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR PATER DEATH, WITH THE SHOULD BE SHOULD B Inspection 🔀 22a. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinian Hamicide Undetermined manner 7501/York Rd. Charles O Donnell M.D. EXAMINER'S NAME TYPE OR PRINT) 23c. NAME OF CEMESTRY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION COUNTY Md STATE Balt. Burial 3/18/85 Merwland Memorial Pk. BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Ruck Towson Funeral Home, Inc. 1050 York Rd. N (VR A15 ME (5)) 20M 4/B2

. S. D. Smelyrell

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0-01118	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE & O	0 6	3 9 9	
		OR PRINT)	RST	MIDDLE		AST	20. DATE OF DEATH		2b. HOUR	
1 2 TO		F	rances			rank	March 19	, 1986	1986 6:00a,	
1 4	3 SE	X	4. RACE	White FO 7b. CITIZEN OF WHAT COUNTRY? 8 USA 11. NAME OF HOSPITAL, NURSING HOS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Franklin Square		F BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DATE		
and		Female	Whi			. 22, 1904	82 YRS			
0 16/		RTHPLACE (STATE OR FORE)				D NEVER MARRIED D	Baltimore County of DEATH Baltimore County			
1167	Ro	SSVILLE 212	37 Frank				12g USUAL OCCUPATION TO Housewife	D OF BUSINESS OR RY		
MAS	130 S Ma	aryland	HOME OR OTHER INSTITUTION COUNTY Baltimore	13c. CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🛣		ZIP CODE Road 2122	1	
DIVISION OF VITAL RECORDS, 201 W, RESTON ST. BALLIMORE, MAKE THE STATENDING PRESENCE. The low requires that the death certificate be executed with a heading physician and coopline behalf or site on the barriotreant permit. Then please remove corban popers fogge 1 and 2 behalf are sent the barriotreant permit. Then please remove corban popers fogge 1 and 2 behalf and Mental tradere provide to burnet, centarion and coopline. Then 21 is marked as then AE hop/Spony injury, or other transmatic event, the medical company.			Anthony Rug			15 MOTHER'S MAIDEN NA			LAST	
		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (III	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	212 18		Diane Hill		ynn Road 21	221	
		Conditions, if ony, what gove rise to immedicause (a), stating	DUE TO, Const. (c)	r as a conseque leart fa r as a conseque lentricu	ilur NCE OF lar	arrhythmia	40 P			
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	MEDICAL CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OF				IN CERT			ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO	
		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A	.M. MONTH DA	YEAR	21 CHOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM TO PART TORPART?	?)	
	WED	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET FACTORY OFFICE F		211 LOCATION STREET	CITY OR TO		STATE	
		220.1 certify that the (this haspital) attended the deceased from March 10 , 19.86 to March 19 , 19.86 that the (we) last saw the deceased alive an March 19 19.86 and that in the (aur) aprilian death occurred an the date and have and from the couses stated above. The (we) (did) that it is not view the bady attended to the couses stated above. The couse of the couse of the couses of the couse of								
TO HOSPITAL efoined by TO FUNEA. with the Stora	PHYSICIAN DIRE 22d PHYSICIAN'S NAME (type or print) Dr. Loh 22c ADDRESS 9000 Frankli							JANA		
BP	230. 6	Burial, CREMATION, REA	10VAL 236. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Baltimor	e, Maryland	STATE	

Funeral PA 1407 Old Eastern Ave.M

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

	STATE OF MARYLAN
R	DEPARTMENT OF HEALTH AND MI
ATE	CERTIFICATE OF DE

ENT AL HYGIENE CERTIFICATE OF DEATH

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REG NO					

		CEASED NAME	FIRST		AIDDLE	L L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	{ TYPE	OR PRINT)	Willia	m Ha	rrison	Fr	ederick	SR.	March 7, 1	986		9:00 P
	3 SEX	('	4.	RACE		SyDATE C		-	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		White		Oct.	25°1913	YEAR	72	YRS	MONTHS DAYS	HOURS MIN.
-	70 BI	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY	(? 8	144		9 BALTIMORE CITY O		Y OF DEATH	
ž	E	saltimore,	Md.	USA		WIDOWE	NEVER MAR	CED [Baltimore	Count	ty	MD.
	1750	TY OR TOWN OF DEA		NAME OF H	OSPITAL, NURS	ING HOME C	R OTHER INSTITU	TION	120 USUAL OCCUPATI		12b. KIND (OF BUSINESS OR
	0.00	Cossville 2	-		in Sq.		al		mechanic	P WORKING E	Cons	truction
5	13a. S	AL RESIDENCE (IF NURS YATE aryland	Balt	Lmore	GIVE RESIDENCE BEFO	River	138. INSIDE CITY	LIMITS?	13e.SIREET ADDRESS	ZIP COD	ane 2	1220
5	14. FA	THER'S NAME			1.00		15 MOTHER'S MA			1		
0		Jacob	Harri	ison	Frederi	ck	Clea	la	Baker		LA	51
1		VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDRE			
		Yes unknown	MMI	AR OR DATES	212 04	3074	Myrtle	M. F	rederick, V	Nife	Sam	e
G.		18 CAUSE OF DEATI	H (Enter only					A			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
-		PART I. DE ATH W	IMMEDIATE		ardiopu	lmonar	y Arrest			5014		
1				DUE TO, OF	AS A CONSEQ	UENCE OF						
~		Conditions, if any,										
×		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
,:E		underlying cause	lost.	(c)		4 - 1 - 1	1/2010			1-1-1		
	z	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CC	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART 1	0
_	CERTIFICATION	19a DATE OF OPERAT	101	I IAL CONDI	TION FOR WILL	LI ORERATIO	N WAS PERFORM		Lee AUTODOY?	Lane of Mr	C WERE FINIDA	100 1100
)	FICA	140 DATE OF OPERAT	ION	140 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMI	D	20a AUTOPSY2	IN CERT	S, WERE FINDS	S OF DEATH?
X,	ERTI	21a. ACCIDENT WAS UND	FRIVING [21b. TIME O	FINILIPY		121, HOW IN ILIP	V OCCUPP	YES NO X		ES	NO []
7		OR CONTRIBUTING	AUSE OF DEATH	110110 4			THE HOW HOOK	1 OCCORR	CED (ENTER NATURE OF INJU	IT IN TIEM IS	PARI I OR PARI 2)	
	MEDICAL	(IF EITHER NOTIFY MEDIC		P./ 21e PLACE (19	211 LOCATION	-				
	ME	WHILE I NOT WH	KE 🗍		EET, FACTORY, OFFICE	E, FARM ETC	STREET		CITY OR TO	WN	COUNTY	STATE
		220-1 certify that (I)	₹K	\	a decreed to	2/16		。 86	. 3/7		10 06	that 🌰 (we) last
		saw the decease	d alive on	3/7	19	00	,		seath occurred on the de	ote and ha		
		obove, (we) (d 22b, SIGNATURE	lid) (Marie v	new the body	olter death		DEGREE				22¢ DATE	
		C	C				ATTE	NDING _	MEDICAL STAI			/7/86
7		22d. PHYSICIAN'S NA	ME (TYPE OR P	RINT)			22e ADDRESS	SICIAN [DIRECTOR PHYSIC	IANIA		///00
		Geoff	rey S1	oan, M					n Sq. Dr.,	Balt	0., 212	37
		URIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CRE		23d LOCATION		COUNTY	STATE
	_	Burial		3/11/	80	Lorrair	e Pk. Ce			re M	d.	
	-	INERAL DIRECTOR	FX	Speces	De 100864	TOTA T		MAD	REC D. BY REGISTRAR	A REGIS	TRAN'S SIGNAT	URE DO
	DI	wzdzinski	I due La	1 Home	140	Old I	astern A	-	.T O 1900			4

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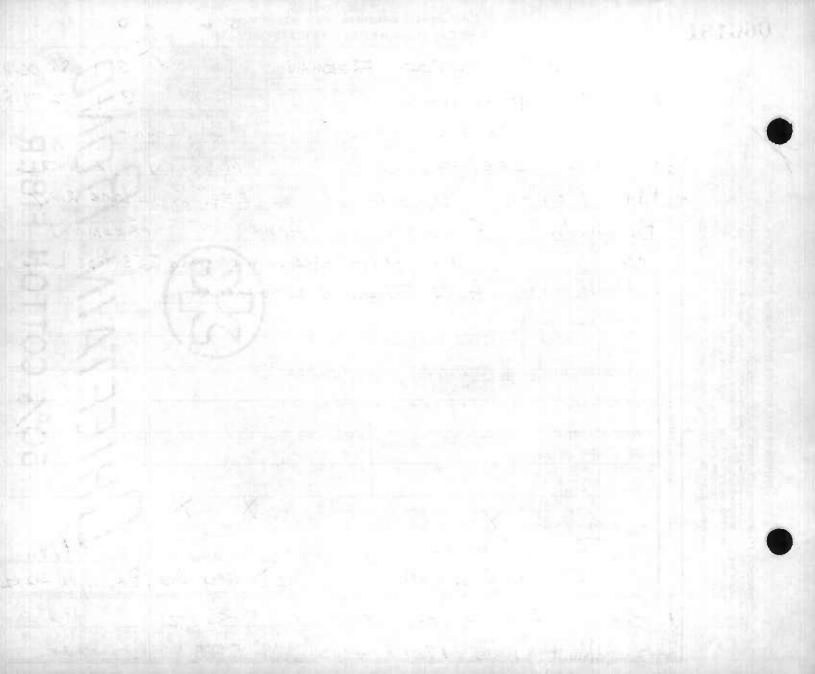
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.SE TOO TO SE Wale to the world with schinic de Constantino hat so of a har Til a liver ON IN BOAL SINGS PROVE novice allegis account for the forest deast light con Prederick Childs Palme Yes Turke No. 1904 President . A morrow Love No. Side of the community

3411/86 winter wine Nr. Owen by mithestelle. material total fine of 1-07 old serven ANN 1 0 Meb Liber Pelett

				STATE OF MARYLAND	
0	66181	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6	9 0 2
0	00101		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME FIRST	26 DATE KNOWN MONTH	DAY YEAR 26 HOUR
	NEASE DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS NEESTON STREET,	2 051			1 1086 0600
	R FILE HOUL	3 SE		5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d HOUR
	ON ZOURY	1	1 B	10 17 1910 75 YRS. DEAD 3	1 1,86 0915
-	る記念		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUN	TY OF DEATH
0	A STANCE		Va.	U. S.A. WIDOWED DIVORCED Dalta County	MD.
V	A See a	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OE WORK 11 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126 KIND OF BUSINESS OR INDUSTRY
7 =	16 4 8 8 8 C	100	dgemere	2531 Popelo Musician	ENTERTAINEN
0	NY N	USU/	TATE . 135_COUNT	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TY. 13c CITY OR TOWN 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS.	
2120	AND AND		Md. Bai	1to Edgemera VES D XI 2531 Pone La	ne 212/9
MD.	H 42 32 4	14. F	THER'S NAME	MIDOLE LAST IS. MOTHER'S MAIDEN NAME PRES MIDOLE	1457
m,	ASS SE		Deniamin		EMAN
MO	PAGPAGO	16a. V	VAS DECEASED EVER IN U.S. ARM		^ 1
BALTIMORE, MD.	RS AFTER DEATH. 3. GIVE PAGES 1, 2 WITH FORM PM 3 T. PAGES 1 AVR 2 DIVISION OF WHA		No	109.09-9944 Elizabeth Freeman 2531	tope hane
	5 00 5 10 10		18. CAUSE OF DEATH (Enter only	y ane couse per lige for (a), (b), and (1),)	APPROXIMATE INTERVAL
N ST	0-054		PARTIDEATH WAS CAUSED	PBY: Acute intracerebral Kemonhage	BETWEEN ONSET AND DEATH
OTS			INVICEDIATE	DUE TO, OR AS A CONSEQUENCE OF	THE STREET
oc 00	THIE SIL HER ANS AL H REV		Conditions, if any, which gove rise to immediate	(b)	
` ₹	NA FINO		couse (o) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
201	XECUTED WITHIN 1G". IN PENCIL IN 2AL EXAMINER AI BURIAL - TRANSIT AND MENTAL HY ATION, OR REMO		lying cause last.	(c) —	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	JUD BE EXECUTED "PENDING" IN PR F MEDICAL EXAN ED AS A BURIAL HEALTH AND MEI L. CREMATION, (L.		PART 2 OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id	
0		NO			
84	HOULD BE RD "PEND HIEF MED USED AS GE HEALT	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
¥.	E WORD "P E WORD "P THE CHIEF" ID BE USED MENIT EN HE TO BUT IN	TEK			YES NO NO
7	ATE WENTER	CER	210 EXTERNAL CAUSE WAS	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PA	RT 2)
NO	SET OF THE OF TH	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF D		
VISI	SEP SEP	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, EACTORY, FARM, ETC.) STREET CITY OF TOWN CO	
ā	ARD ARD ARD ATE (5	AT WORK AT WORK	STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN CO	UNTY STATE
	NUMER: THIS CERTIFICATE SHO FICATE, WRITING THE WORD E FORWARDED TO THE CHI TTOR: PAGE 3 SHOULD BE US 1 THE STATE DEPARTMEN LAND, 21201 PROR TO BL		22a I continue that I tank charge	e of the remains described above, held an Autapsy , Inspection , Inquiry , and in my as	
	ANDERGEN			e at the remains described above, held an Autapsy , Inspection , Inquiry , and in my as of courses Accident , Suicide , Homicide , Undetermined monner ,	oinion
	EXAMINE CERTIFICA JID BE FC DIRECTOI WITH THI AARYLAN			ACTUAL (SPECIFY)	2/4/
	MAN THE		ACTUAL SIGNATURE	m O Longo DATE	3/7/86
	SE RESE			M.D. MEDICAL EXAMINER SIGNE	0
	W D W L L		EXAMINER'S NAME J. CROS	ADDRESS 2112 DUNDALK ANE, BAC	To., MD. 21212
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFER DEATH, WITH THE STABLIMORE, MARYLAND, 2	23a B	JRIAL, CREMATION, REMOVAL 23	36 DATE 236 NAME OF CEMETERY OR CREMATORY 238 TOCATION	
07/B4	BP	お	11/19/	3-5-86 King Mem PK - Relta	Marie
25M	DHMH · 17	24. FI	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S S	IGNATURE
	(VR A15 ME (5))	J	95. A. Marto	N JONS 1701 Laurens MAR 5 1988 Filia Navido	n- Pandelle



- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINT 02 6:30A 3 86 Olive Mabel FRENCH 4 RACE 5 DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR Female White Sept. 18, 1903 TO BIRTHPLACE (STATE OR FOREIG 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED DIVORCED IX BALTIMORE COUNTY EITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

TOWSON GBMC-6701 N. CHARLES STREET SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) la STATE 136 COUNTY 13c CITY OR TOWN Delta Penna

13d. INSIDE CITY LIMITS? YES X NOF

13e STREET ADDRESS / ZIP CODE RD 2 Box 430

MIDDLE

Ret. U.S. Gov's

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

FATHER'S NAME Isaac 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Adams 16b SOCIAL SECURITY NO

Vane 17 INFORMANT

15 MOTHER'S MAIDEN NAME

ADDRESS

17314 Jane B. Tinker RD 2 Box 430 Delta, Pa.

Dailey

229-01-0102 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)

MIDDLE

(IF YES, GIVE WAR OR DATES)

RESP. ARREST

RUPTURED AAA

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION

Conditions, if any, which gove rise to immediate couse (a), stating the

underlying cause last.

216 TIME OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED (AT HOME STREET, FACTORY, OFFICE FARM ETC)

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

211 LOCATION CITY OF TOWN

86

COUNTY STATE

NOT WHILE

226. SIGNATURE

22a I certify that (1) (this haspital) attended the deceased from 86 sow the deceased alive on_ above, (1) (we) (did) (did not) view the body after death

DEGREE

mo

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d PHYSICIAN'S NAME LITTE OF PRINT

Burial

22e ADDRESS G BMC

M. SIPPLE, M.D. 23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE Mar 5 1986 23¢ NAME OF CEMETERY OR CREMATORY Mt. Hebron Cemetery 23d LOCATION ITY OR TOWN Winchester

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

, and that in (mx) (our) opinion death occurred on the date and hour and from the causes stated

Virginia

24 FUNERAL DIRECTOR

MEDICAL

Leonard J. Ruck, Inc. Baltimore, Maryland

Siste Tevidor Porplet

86

DHMH - 16 (DM 7/84) (VRA 15, 4)

Company of the compan THE PERSON AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO A P 2. 1-37-21 P. Name - 22 C. 122 C. N. Sept. 1. 1. 1881 P. C. N. Sept. 1. 1. 1881 P. C. N. Sept. 1. 1. 1. 1881 P. C. N. Sept. 1. 1. 1881 P. C. N. Sept. 1. 1. 1881 P. C. N. Sept. 1. 1881 P. Sep MARKET STATE OF THE STATE OF TH . The car of the contract of t ality of the second to the following the second to the felton

description of the contract of

FOR

REGISTRAR

DECEASED NAME

- STATE

00-0200

DHMH - 16 60M 7/84

(VRA 15, 4)

13e SP621 Windsor Road 21234 Miller ADDRESS Mr. William Frey 1028 Craftswood Rd. 21228 cla PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OF TOWN COUNTY STATE and that in (my) (aur) apinian death accurred an the date and have and from the causes stated STAFF PHYSICIAN DIRECTOR PHYSICIAN 707 East Fort Avenue Baltimore, Maryland 23a BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY Burial ITY OR TOWN Apr. 3.1986 Cedar Hill Brooklyn Balto. 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 2a. DATE OF DEATH MONTH

7h HOUR

12b KIND OF BUSINESS OR

IF UNDER 1 YEAR

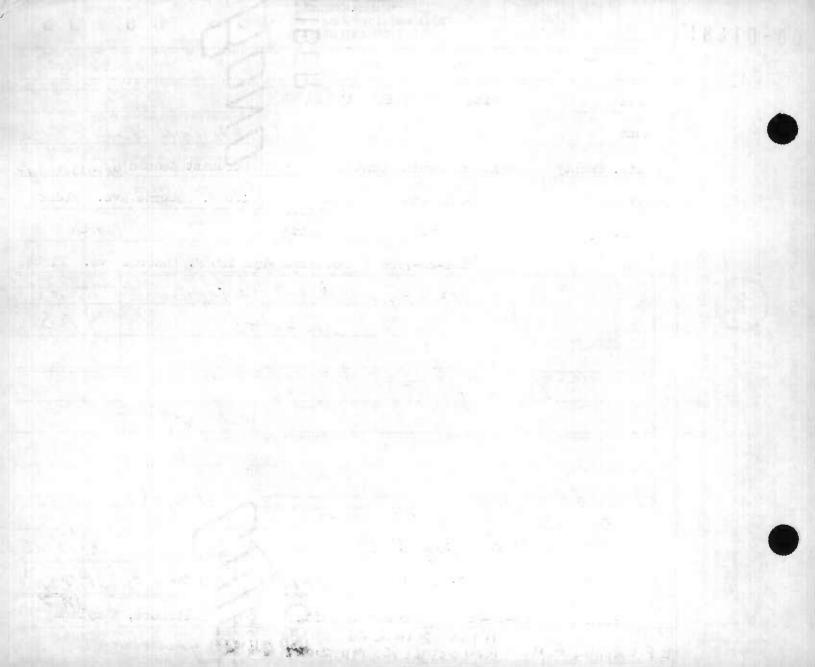
Morrett 51, 1087		sind	oma8-	neul!
	17, 1896	oral,	elist.	of the o
gmod conjila			180	ninter
Community of the		Baga corlei	1909	ativias
trett mor rodain 1989		offiven	o omit fol	, lui
40[1]	antroite.		77:	112/10/12
. Tyenue bolticore, Marriand	and the fill		SK bollne	.Dorna.
.id .o.fo. my Dioord	11	G Coller H	PPL.T.	Introd
	in home fr	loimere, ar	a .out for	.L. bannag.l.

371	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		06905
-		CEASED NAME FIRST	hn E.	Fry . Sr.	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	3 SEX		4 RACE White	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
86		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY U.S.A.	8 MARRIED NEVER MARR	IED DOTA	DR COUNTY OF DEATH
W.C.	10, CI	Towson	Stella Marts	ING HOME OR OTHER INSTITUTI Hospice	Ret. Build	
35	15U/ 13a S	AL RESIDENCE (IF NURSING HOME) TATE 13b. CC	LE OR OTHER INSTITUTION, GIVE RESIDENCE BEFO DUNTY 13c. CITY OR TO Balto	WN 13d. INSIDE CITY LI		ZIP CODE
30	IT)FA	ATHER'S NAME FIRST	MIDDLE LAST Fry	15. MOTHER'S MAI	DEN NAME Not Know	LAST
L dicol	0	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (1F YES)	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 217-05-		Fry, Same as 1	ESS
or removol tic event, th		18 CAUSE OF DEATH LEnte PART I. DEATH WAS CAI IMMED	used BY. DIATE CAUSE (a)		- Failors	APPROXIMATE INTERVA BETWEEN ONSET AND DE
to buriol, cremotion, or i njury, or other troumotic	7	Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause last. PART 2. OTHER SIGNAFICAT	DUETO, OR AS A CONSEQU		HE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
ws any i	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION OR WHIC	H OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
Hem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJU	RY IN (TEM 18 PART OR PART ?)
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	214 PLACE OF INJURY	(MM, ETC.)	CITY OR TO	WN COUNTY STAT
Dept. of Heol		saw the deceased alive	ospital) attended the decreased from 19 d on 1	, and that in (my) (aur) DEGREE	to opinian death occurred an the d	, 19 , that (I) (we are and hour and from the couses state
Short		22d. PHYSICIAN'S NAME		22e ADDRESS		IAN LI
with the State I		Eddie Nakh	uaa, M.D.	orerra w	aris Hospice	

DHMH - 16 60M 7/84 (VRA 15, 4)

during Soldman, M.d. Stelle forcis donnico
during 5-17-30 dureland unito., ID.
Leonard J. Luck, Inc.

00-01481	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	GIENES 5	0 6	9	0 6
	1. DE	CEASED NAME	FIRST		MIDDLE	-	AST		MONTH DA	Y YEAR	Zb. HOUR
2 mg	(TYPE	OR PRINT) TO	m 45			FRI	15		3 16	86	5 50
6 g b	3. SE:		-	4 RACE	-	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT)	(DAY) IF	UNDER I YEAR	IF UNDER 24 HRS
T + to		Male	13/	Whi	te	TWONT	19DAY OL YEAR	84		NIHS DAYS	HOURS MIN.
2 11 80		RTHPLACE (STATE OR F	OREIGN A	b. CITIZEN OF	WHAT COUNTRY?	8	D EXNEVER MARRIED	9. BALTIMORE CITY OF		F DEATH	
		oland			SA	WIDOWE	D DIVORCED	BALTIMO		inty	MD.
Of the transfer		alto. Cour		(IF NOT IN SU	HOSPITAL, NURSIN CHEACHITY, GIVE STREET LAN NURSI	ADDRESS)	nter	12a USUAL OCCUPATION OF MOST OF Merchant S	WORKING LIFE)	126 KIND C INDUSTRY Merch	of Business or
ND 212 24 hour filled in sulfibe in	3a S	ALRESIDENCE (IF NURS TATE LTyland	IJE COUN		GIVE RESIDENCE BEFOR 131. CITY OR TOW Baltimor	/N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE		21224
1 4 45 1		THER'S NAME		75			15. MOTHER'S MAIDEN NA	ME			
1 11300		Joseph	^	MIDDLE	Frys		Maria	MIDDLE		Lyso	'n
# 9 8 8		VAS DECEASED EVER			166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRES	S		
Own on the sea		res, no or unknown) No	(IF YES, GIVE	WAR OR DATES)	101-22-	7328	Boleslaw F	rys 120 N. L	uzerne	Ave.	21224
PRESTON The requires that the degree The plant algored by the orthodological to burious embourance orb The plants, or other traumonic	CATION	Conditions, if any, gave rise to imm cause (a), statin underlying couse PART 2 OTHER SIGN 90 DATE OF OPERAT	lost.	DUE TO, O (c)_ ONDITIONS CO Let -3	melli-	ENCE OF	Dia See	MINAL DISEASE OR COND	20b. IF YES, V	WERE FINDI	NGS USED
TAL R	CERTIFIC	210. ACCIDENT WAS UND	raivus 🗖	216. TIME C	25 141 11107		In though the same	YES NOB	YES		NO [
Partie of the state of the stat	AL C	OR CONTRIBUTING C	AUSE OF DEAT	HOUR A	.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	KEU (ENTER NATURE OF INJUR	IN ITEM TE PAR	T I OR PART 2}	
OFFICE OF THE CO. The Charles Co. The	MEDIC	21d INJURY OCCURR	ED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, I		211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
TTENDR TOPR A for use of Health		saw the decease above, (1) (we) (d				6	nd that in (aur) apinian	death accurred on the da	te and haur c		that () (we) last causes stated
TAL OR J		226. SIGNATURE	ruei	STM	My.	Sa		MEDICAL STAF		3/ DATE	1) /H
O HOSPI TO FUNE TO FUNE WITH The S		22d. PHYSICIAN'S NA	INE	TH 2	ONIE	5	1777 B-	es tecs ton	in R	I P	lesuille
BP	23a. E	URIAL, CREMATION, SPECIFY) Burial		236. DATE 3-18-			of Faith	23d LOCATION CITY OR TOWN T	more,	WaryI	and STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FL	F. Lassahn	F, H		150 Be	MIR	Rd, 250 DAT	FREC'D. BY REGISTRAR 2			



FOR

- STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

YRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore Co., 126 KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker 136 STREET ADDRESS / ZIP CODE 1015 Valen Road 21157 LAST Presbyterian Home of Md. Towson, Md. 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN STATE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL Baltimore, Md. Burial 3/10/86 Baltimore National 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTAR 256 REGISTRAR'S SIGNATURE MITCHELL-WIEDEFELD HOME. INC. 6500 York Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

IF UNDER TYEAR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1	diam'r.					,	KLO.146	/-		
		EASED NAME FIRST	MIDDLE	AVAIGHT NO.	LAST		20 DATE OF DEATH	HINOM	DAY YEAR	2b HOUR
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U	6		RACE	01	ATE OF BIRTH	UK.	A AGE (IN YEARS LAST BIRT	WDAY!	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	I SE	10	KACE		AONTH DAY	YEAR	B. AGE (IN TEARS LAST BIRT	1.	MONTHS DATS	HOURS MIN.
1		Male	W Wh:	ite	4 25	31	5	4 YRS		
12			CITIZEN OF WHAT	COUNTRY? 8	MA		9 BALTIMORE CITY OF	COUNTY	OF DEATH	
0	9	+EYAS	11.5 A	_	RRIED MEVER			20	MHORE	
7	30.00	TY OR TOWN OF DEATH	1. NAME OF HOSP			ORCED _	12a USUAL OCCUPATIO			MD.
11	K	TORTOWN OF DEATH		ITY, GIVE STREET ADDRESS	5)		(TYPE OF WORK FOR MOST OF	WORKING LIE	E) INDUSTRY	Health
-	1	BOLTIMORE /	SOUTH BAU	THORE G	ENERIX H	SPITAL	XRAY TE	CH	C	are
10/	ปรบ	AL RESIDENCE (IF NURSING HOME OR O				TV I II I I I CO	Lia STORET ADDORESS (710 CODE	21	040
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9	1	VINCENT		MILLOMO		XX. Ro				
n		VAS DECEASED EVER IN U.S. ARM			IO. 17 INFORMA	NT C	ADDRE	TO Si	dnee Dr	ive
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		18 CAUSE OF DEATH (Enter only								MATE INTERVAL ONSET AND DEATH
					more, no	0,-07			BETWEEN	INSET AND DEATH
		IMMEDIATE	CAUSE (a) CAL	and resmi	inday his	621				
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		13/	~05							
		gave rise to immediate cause (a), stating the	DUE TO OP AS	A CONSEQUENCE () E				2	
		underlying cause last.		NCER OF					3 40	us cu
		PART 2 OTHER SIGNIFICANT CO	107			TO THE TERM	IN AL DISEASE OR CONF	ITION GIV	ENLINI PART 1:0	
	Z	PERFORM			, bo, ito, ketaleb	TO THE TEXAS	III AL DISEASE OR COITE	ALION ON	EI WALAKI IIO	
10	NOIT	190 DATE OF OPERATION		FOR WHICH OPER	ATIONI WAS BEDEO	DATED	120g AUTOPSY?	Tank IE VEG	S. WERE FINDIN	Cr uses
1	5	2/25/86		SORDTED V		KWED	200 AUTOPST		YING CAUSES	
Z	CERTIFICA	2103 186	PRICE	-01431CD V	15005		YES NO	YE	S	NO 🗆
13	8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJ	ury Month day y	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 F	PART I OR PART 2)	2
9	4	OR CONTRIBUTING CAUSE OF DEATH	P.M.	MORNIN DAY II	19					
/	MEDIC	21d INJURY OCCURRED	21e PLACE OF IN	JURY	21f. LOCATIO	N				
	M.	NOT WHILE	(AT HOME STREET, FA	CTORY OFFICE, FARM ET	STREET		CITY OR TOV	VN	COUNTY	STATE
		RK AI WORK				77	3/2	2	9/	
		220 I certify that (1) (this haspita	1) attended the dec	77 /	7 1 11	1986	, ta	·		hat (I) (we) last
		abave, (1) (we) (did) (did not)	view the bady after	19 8 G	_, and that in (my)	(aur) apinian (death accurred an the da	te and hav	r and from the c	auses stated
		726 SIGNATURE	At.		DEGREE				22c. DATE	
		Allow	lest			TTENDING PHYSICIAN F	MEDICAL STAF		3/2	186
1		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRES					-
1		ROMY Pa	RUDOMIN	Sky	5 110	n (50 mg	. BOUTI TOPE	= 1	1)	
_								[11).	
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME	OF CEMETERY OR	REMATORY	23d LOCATION		e outsite	CTATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Harford Maryland

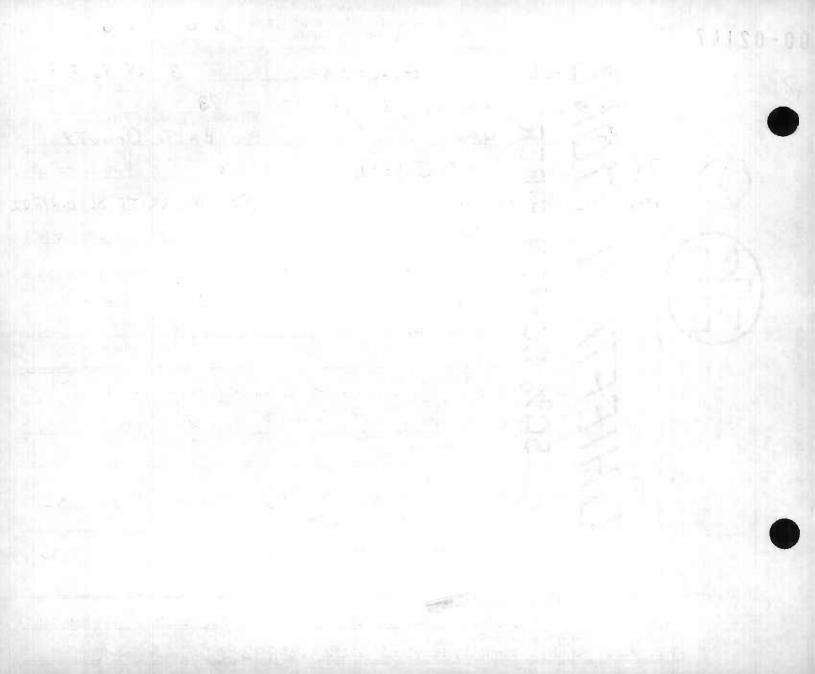
Mar. 5,1986 Trinity Lutheran Ch. BURIAL 24 FUNERAL DIRECTOR

Joppa

HOWARD K. MCCOMAS III FUNERAL HOME ABINGDOMAR

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					STATE OF MARY		A 3	et ba	
02147	1.	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AND CERTIFICATE OF		REG. NO.	0	6 9 1
0211		CELIOLD I TITLE	FIRST	MIDDLE	LAST		20. DATE OF DEATH MON	TH DAY	YEAR 26 HOUR
oy be oge 3 deoth	TIPP	mick mick	LAEL		GIACOBE	E	3	28	86 8 17 P
moy be d	3. SE		4 RACE		5 DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDA	Y) IF UND	ER TYEAR IF UNDER 24 HRS
oge 4 rector urs off		MALE	-	Uhite	3 14	19 13	73	YRS	
h. P.		IRTHPLACE I STATE OR FOR	Th CITIZEN O	F WHAT COUNTRY	MARRIED MEVER	MARRIED -	BALTIMORE CITY OR CO		
deat hin 7		PA.		1SA	WIDOWED [DIVORCED [o. Co	UNTY M
fler feet	110 C	ITY OR TOWN OF DEATH		UCH FACILITY, GIVE STREE	NG HOME OR OTHER IN:	STITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO	126	. KIND OF BUSINESS O DUSTRY
\$ 15 m		10WSON		STI	ASEPL		Welder		Beth. Street
hou d'in	13a. S	AL RESIDENCE HE NURSING	HOME OR OTHER INSTITUTION	130 CITY OR TO	RE ADMISSION) VN 113d INSIDE	CITY LIMITS?	3e SIREET ADDRESS / ZIF	CODE	
22 All Sulle		MD.	Baltimore	Dundal		ио [Х]	1951 ME F	RITT	BLVD.212.
tely 22 s	14. F/	ATHER'S NAME	WIDDIE	LAST	15. MOTHER	R'S MAIDEN NAM	E		
Pa Pa Q S O	Jo	hn	WIDDLE	Giacobbe	Te	eresa	WIDDLE	Di	Marcantoni
d co		WAS DECEASED EVER IN		166 SOCIAL SEC			ADDRESS		
n ond co	No		(IF YES, GIVE WAR OR DATES)	213-07-	4388 Filome	ena Giaco	obbe	Same as	130
the it			Enter only one course o			ena Grace	June /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shys pap novo ent,	1	18 CAUSE OF DEATH PART I. DEATH WAS		Elan L	-monkou il	100 dis	son to the	7	ACAL C.
cert ing I rhon r rer	19	IA	MEDIATE CAUSE (a)_	011616	114014 1000	al Ixe	371 (14)11	-	M CICLL !
e co on, o		C Pri		OR 48 A COMSEOL	ENCE OF			10.00	
e de ott		Conditions, if any, v		roo,					
y the crem ther		underlying couse	the DUE TO,	OR AS CONSEOL	IENCE OF				
ed b			(c)_	CHD					
signi hen p to bu	z	PART 2 OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATE	1 - 1/5	NAL DISEASE OR CONDITIO		
y in	CERTIFICATION	Me tabe a	calle	yser,	N/2/cemer	5 OLISE			
o b a b a b a b a b a b a b a b a b a b	S.	IN DATE OF OPERATIO	ON 196 CON	DITION FOR WHILL	PERATION WAS PERF	PRINCE TO	20a AUTOPSY? 201	CERTIFYING	E FINDINGS USED CAUSES OF DEATH?
Good Bart P	E	7/4/00	AIZA	einers) ac	alarred.		YES NON	YES 🗌	NO 🗆
g physicide errificote iol-fronsitional Hygicide from the first of the		210 ACCIDENT WAS UNDER		OF INJURY	AY YEAR 21c. HOW I	NJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART I O	R PART 2)
N C U C U E /	S	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.M.	19				
A P S S S	MEDICAL	21d. INJURY OCCURRE	(AT HOME S	E OF INJURY	FARM. ETC.) 21f LOCAT	ION	CITY OR TOWN	CC	DUNTY STATE
offer the orked	_	AT WORK NOT WHILE							
S me		22a.l certify that (1)	1	100	2/26	19 56	. to 3/28		6_, that () (we) lo
Porto for of h		sow the deceased	olive on 3/	ly after death	T6. and that in my) our opinion de	ath accurred on the date o	nd hour and f	from the couses stated
orhed Direct Dept.		226 SIGNATURE	/ 1		DECREE			2	20 DATE SIGNED
the Date Difference of the Date Difference of the Date Difference of the Date Date Date Date Date Date Date Dat		1-10 H	nymy	deste	MD	ATTENDING PHYSICIAN DO	MEDICAL STAFF		3/28/86
FUNERAL by the FUNERAL old be det of the State ORTANT:		224 PHYSICIAN'S NAM	E (TYPE OR PRINT)		22e ADDRE		DIRECTOR PHISICIAL		700/04
Of 0 64 8	23a F	BURIAL, CREMATION, RE	MOVAL 236 DATE	234	NAME OF CEMETERY OR	CREMATORY	123d LOCATION		
BP		(SPECIFY)				CREMATORT	CITY OR TOWN	COUN	
DI		rial UNERAL DIRECTOR Du	da-Puck T	1300 H	olly Hill	250 DATE	White Mars		Maryland
DHMH - 16 60M 7/B4				ADDRESS					
(VRA 15, 4)	1/9	22 Wise Ave	nue Dunc	dalk, Mar	vland 21222	LAPR	02, 100g Filia	NOUN CAMP	-Acadelle

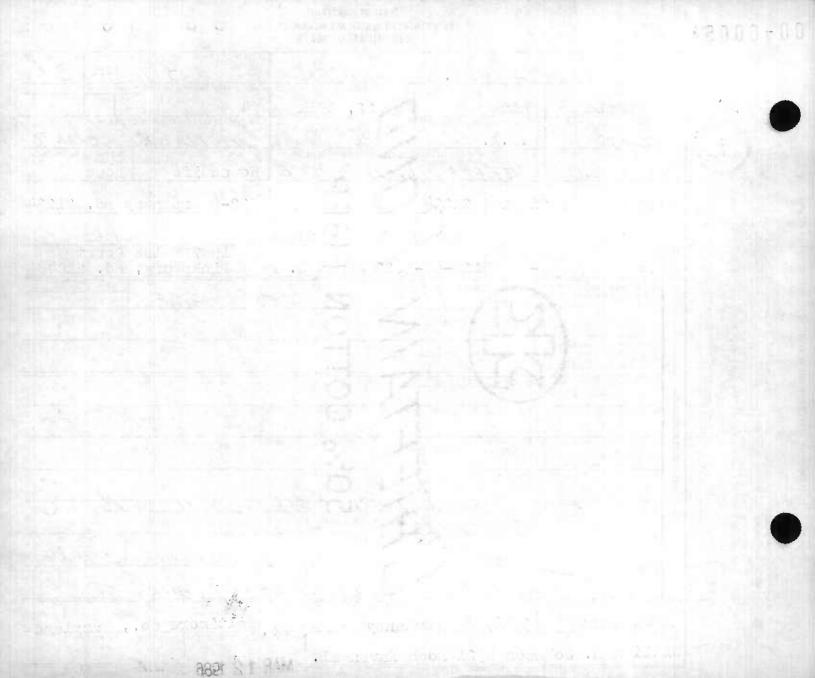


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			FOR			DEPART	MENT OF F	HEALTH	AND ME	ENTAL HY	GIENE	6	0 6	9	
00-	0100	7	- STATE REGISTRAR		M	EDICAL	EXAMIN	ER'S C	ERTIFIC	CATE OF	DEATH	REG	NO.		
00-	0199	1	DECEASED NA	WE FIRST		WIDDIE		ı	AST		2n D.A	TE KNOWN		DAY YE	AR Zb HOUR
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44.00	一品できると	3	. SEX	4. RACE	S DATE OF BIRT	H	6. AGE (IN YEA			IF UNDER 2		OUNCED	HINOM	DAY YE	AR 2d HOUR
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1	SACON	Car	Male BIRTHPLACE	Black	76. CITIZEN OF	19		3.	-		0 RA	TIMORE CIT	Y OR COUN		
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	ASST	0	Maryl	and	U.S	. A.		WIDOW	D 😾	DIVORCE	Ba	1 time	TYPE OF WORK	untv	MD
	8 m m B >	×	0 CITY OR TOW	N OF DEATH	11. NAME OF H	OSPITAL, NU	RSING HOME	OR OTHE	R INSTITUT	TION	120 USUAL O	CCUPATION WORKING LIFE!	(TYPE OF WORK	126 KIND OF OR INDU	BUSINESS
	○ 本元 名 出 以		D-14				TREET ADDRESS)								
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WD.	- Ninn	1	4 FATHER'S NA		WIDDLE				15 MOTHE	ER'S MAIDEN		MIDDLE		LAST	
	ESE SE	2/)	Ch and		MIDDLE		LAST					WIDDLE		IASI	
Ö	20 2 4 A	7	Charle	SED EVER IN U.S. AR	MED EODOES2		Gibson CIAL SECURITY	NO	17 INFORM	Inknov	Wn.)	ADDR	RESS		
ž.	# 5 5 5 S	/ 1	(YES, NO, OR UNK		WAR OR DATES)	100.50		200							
BALTIMORE	HIN 24 HOURS AFFE LIN ITEM 18. GIVE PA R ALONG WITH FO NSIT PERMIT. PAGES HYGIENE, DIVISIONAL	1	NO_	_		218	3 14 9	292	Joan	na Jo	nes	Balti	more.	MD 2	1207
	WI. P	Ī	18 CAUSE	OF DEATH (Enter on	nly ane cause per li	ne far (a), (b								APPROXI	MATE INTERVAL
IST	DE SER		PARTI	DEATH WAS CAUSE	D BY:									BITWEET	TO SET AND BEATT
PRESTON	WITHIN 24 HC ENCIL IN ITEM MINER ALONG TRANSIT PERM ENTAL HYGIENE		TO ACCUS	IMMEDIA	TE CAUSE (a)		SCVD USEQUENCE C)F							
EST	ZZAZZZ		Candit	ians, if any, which)	TOE GOETTEE C	,						11 17 3 18	
<u>a.</u>				rise ta immediate											
` ≥	TED WITH N PENCIL XAMINER AL - TRANS	5		a) stating the <u>under-</u>	DUE TO,	DR AS A CO	NSEQUENCE C)F					1		
201	JULD BE EXECUTED WITH PENCY PENCY IN PENCY IN PENCY IS A BURIAL - TRASED AS A BURIAL - TRASE THEALTH AND MENTA AND CREMATION ORE		lying c	ause last.	(c)										
S,	A SEC		PART 2 OTHER	SIGNIFICANT CONDITIONS		TH RUT NOT REL	ATEO TO THE TERMS	NAL DISEASE	OR CONDITION	N GIVEN IN PART	1 (a)				
RECORDS	"PENDING" FE MEDICAL FE AS A BU HEALTH AN	3					The state of the seams	THE STREET	0		1 (4).				
E	AS A	5	2	A1	coholis	m							101136	1	
	3. HOT A	0	S 190 DATE	OF OPERATION	196 CON	DITION FOR	WHICH OPERA	ATION W	AS PERFOR	MED?				20. AUTO	'SY?
VITAL	SHOULD ORD "PE CHIEF A E USED /	5	E											YES [NO T
, ř	CATE SHOULD HE WORD "P THE CHIEF JUID BE USED MENTOF HE TO RIVED A		4.4	VAL CAUSE WAS		OF INJURY		21c. HO	W INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR PA	ART 2]	-
O Z	A THE COUNTY	2		NG OR TING CAUSE OF	HOUR A	.M. MONTH									
DIVISION OF	FOLKE			OCCURRED		.M. E OF INJURY	19	211 LOC	ATION						
2	CERTIFO TING 3 SHC DEPAI		WHILE	NOT WHILE		ACTORY, FARM,			REFT		CITY	OR TOWN	co	YTAUC	STATE
۵	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "M PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTERDEAPRINENTOF HE MATTHER STATE DEPRENTIMENTOF HE MATTH THAT STATE DEPARTMENTOF HE	2	AT WORK	AT WORK											
	ST. P.	,	22. 1	. (.) . ()	- f al	I b. d - b	1.11	Autaps						Mary 1	
	MA SER	2		rtify that I taak charg						Inspection		ury X.	and in my a	pinian	
(730)	ME WITE	2	death res	ulted fram Natu	ral causes Lyt.	Accident	L., Sui	cide 🔲 ,	Hamic	cide .	Undetermine	d manner L			
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			[SPECIFY]	ATION, REMOVAL		- 1	THE CH CEN	0000	CREMAIC	JK f	CITY OR TOW	'N	COU	INTY	STATE
	BP		Buri		4-4-86	JJ	ohnsvi	lle		tery	LSyke	svill	e Car	roll	MD
	DHMH - 17		24 FUNERAL DIR	ECTOR	ADDR	FSS			77.		C'D. BY REGI		REGISTRAR'S		
	(VR A15 ME (5)))		t Funera			sville	ME		APR	0 1 198	36 Jul	ia Davido	on-Rand	100
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

from buydon-Adadase

	1-	FOR STATE REGISTRAR		DEPARTN		IEALTH AND MEN		ENE 8 6	(,) 6	7 1	5
7		EASED NAME FIRST OR PRINT)		AIDDLE CO		3 ERG		M auch	MONTH D	S 6	26 HOU	6
	3 SEX	FEMALE	4 RACE	CAUCASIAN	5. DATE O	OF BIRTH	93	6. AGE LIN YEARS LAST BIRT		FUNDER I YEAR		
		RTHPLACE (STATE OR FOREIGN OUNTRY) ITHAWANIAX	76 CITIZEN OF V	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY O BALT IM				
in the	R	AND ALL STONN	BALT	HOSPITAL, NURSIN H FACILITY, GIVE STREET	Co (120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF 14045 E W J F	F WORKING LIFE	12b. KIND C INDUSTRY	HOME	SS OR
	13a S	mo x	AE OR OTHER INSTITUTION OUNTY BALT	GIVE RESIDENCE BEFORE 136 CITY OR TOW BALTO	V		XX	13e STREET ADDREST		E DR., A	APT.T	-4
1		THER'S NAME FIRST JACOB	MIDDLE	GOLDB			TTA	MIDDLE		UNKN	NOWN	
		AS DECEASED EVER IN U.S. ES. NO OR UNKNOWN) (IF YES. NO	ARMED FORCES? S GIVE WAR OR DATES)	220-52-5		DR. JUL	IAN GO	OLDBERG 791		TERSET_	AVE.	2120
	7	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICAL	DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON		N IN PART I	10	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	DN WAS PERFORMI	D	20a AUTOPSY?	IN CERTIFY	, WERE FINDI	S OF DEAT	LH5
7	MEDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	MINER) HOUR A.	m. month da m.	Y YEAR		Y OCCURRE	YES NO	YES		NO [
	MED	21d INJURY OCCURRED WMILE NOT WHILE AT WORK		EET FACTORY, OFFICE F.		211 LOCATION STREET	5//	CITY OR TO	150.7	COUNTY	s	TATE
,		220 I certify that (I) (this h saw the decoded live above, (I) (w) (did) di 22b SIGNATURE	e on March d not) view the body	e deceosed from 29, 19 softer death.	16.0	DEGREE) opinion di	MEDICAL STAF	ote and hour			
	4	GHASSEM	Pour	MOTAR		30		. Count	50	~~·	Hoz	ساسم
	23a. B	URIAL, CREMATION, REMO SPECIFY) BURIAL	23b. DATE 3/30/			TEMETERY OR CREATE HAIM CEM	MATORY	23d LOCATION CITY OF TOWN BALTIMOF	RE M	ARYLANI		TATE

SOL LEVINSON & BROS., INC.

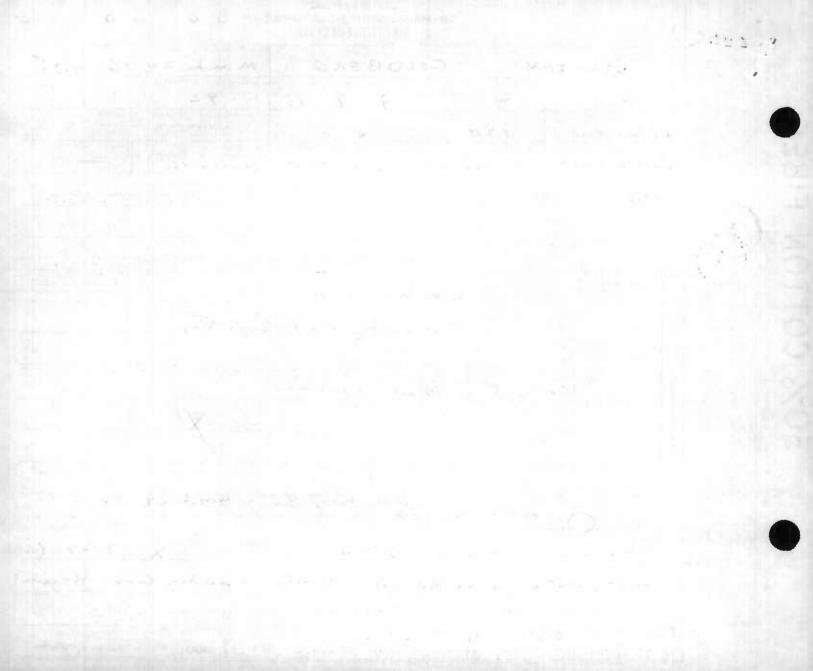
6010 REISTERSTOWN RD. BALTIMORE, MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as with the State Dept of Health

APORTANT. If he

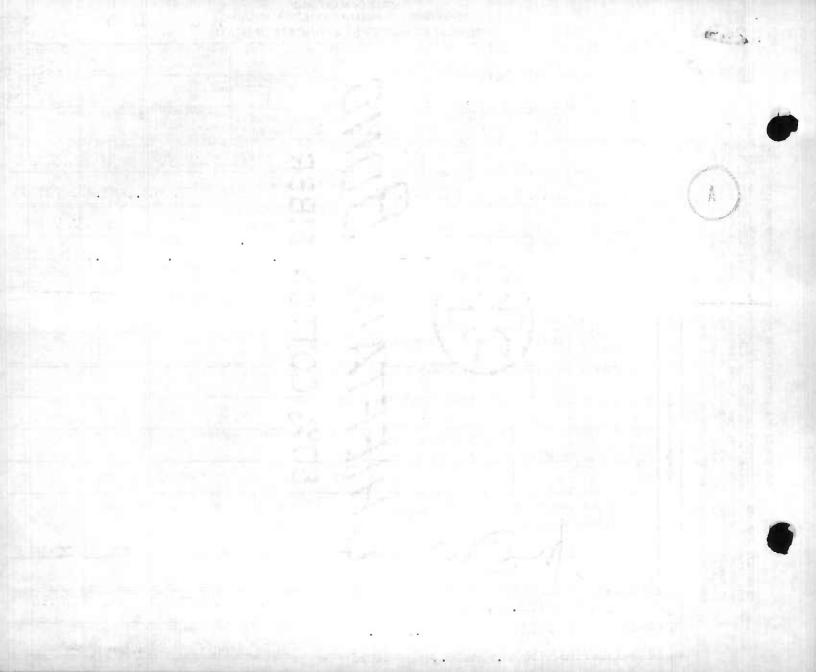
24 FUNERAL DIRECTOR



00-00578	1 -	FOR STATE			DEPARTM	ENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	6	0	6 9	14
. n∈		REGISTRAR EASED NAME FIRS OR PRINT)	117		WIDDLE		dberg	20. DATE OF	REG. NO. DEATH MONTH	DAY	1986	25. HOUB
g 600 d	3. SEX	Phy	1115	RACE	S.	5. DATE C		A AGE INLYER	ARS LAST BIRTHDAY)			IF UNDER 24 HRS
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O HOT)		RTHPLACE (STATE OR FOREIGH OUNTRY) MARYLAND	75. (CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED D		IMORE CO	NTY OF		
_ 专 号 有人	10. CI	BALTIMORE	11.	NAME OF H	HOSPITAL, NURSING HEACILITY, GIVE STREET A UBET RD.	G HOME C	R OTHER INSTITUTION	12a. USUAL O		17		BUSINESS OR
filled in could be mystibe		L RESIDENCE (IF NURSING HOTATE 136 C	ME OR OTH COUNTY LTIM		GIVE RESIDENCE BEFORE 130. CITY OR JOWN BALTIMO	RE	13d. INSIDE CITY LIMITS?	130. STREET AI 7904	SUBET R	D. i	#21207	7
MARYL mpletely of 32 sh	14. FA	THER'S NAME LOUIS	MIDD	DLE	STRÂUSS		15. MOTHER'S MAIDEN NAM ÉSTHER	ΛE	MIDDLE	K	APLAÑ	
iMORE, or execut on and co		PAS DECEASED EVER IN U.S.		FORCES?	219-20-		7904 SUBE		BALTO.	, MD	212	207
T., BALT rificate & physicio npapers rmaval.		PART 1. DEATH WAS CA	AUSED 8	Y:		,	Carcino	ma		1	APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours of the daing physician and completely filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by and Mental Hygene prior to burial, cremation, or removal.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause los	te	DUE TO, OI	r as a conseque	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE	or condition	GIVEN II	N PART 110	
he low re on. I permit. I permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	N	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOF	NOT IN CE	YES, WE	RE FINDING	GS USED OF DEATH?
TYSICIAN: The dring physicial is certificate buriol-transform Mental Hyporal in Hear 18 should be a sh			OF DEATH	HOUR A.	M. MONTH DA		21c HOW INJURY OCCURR	RED (ENTERNATI	JRE OF INJURY IN ITEM	IB PART 1	ORPART 2)	
DIVISION DING PHYSI or attenthis of e as the burn alth and Me	MEDICAL	21d. INJURY OCCURRED		21e. PLACE	OF INJURY		21f LOCATION STREET		CITY OR TOWN	(COUNTY	STATE
TENDIN Ordolor TOR: Affor use of for use of Mediting		sow the deceased aliv	DUE TO, OR AS A CONSEQUENCE OF	, to	on the date and	hour and		not (I) (we) lost				
TAL OR A y the hosp RAL DIREC detached lote Dept. VI. If Item		276. SIGNATURE Sheldon	Hos	edge	ei.		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		14AR	Ch 15186
TO HOSPITAL TO FUNERAL Should be deto with the Store MAPORTANT: H		Sheldon	G	oldg		åb.	711 W 40	ST	BALL	DV	MD	
BP	(URIAL, CREMATION, REMO		MAR.1	6,1986 M	IKRO	KODESH-BETH I		*BALTIMO			
DHMH - 16 50M 4/82 (VRA 15, 4)		NERAL DIRECTOR SO			N & BROS. BALTO., M		21215 MA		986	SISTRAR!	S SIGNATU	andell.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN X LTYPE OR PRINTI DANA GOLDBERG DEATH MATED 19 86 SARAH 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED WHITE JUNE 12, 190: 84 FEMALE 19 86 DEAD Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED USA MA WIDOWED XX Baltimore County DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SECRETARY Randallstown Balto. Co. General Hosp. (DOA) ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE BALTIMORE RANDALLSTOWN 13d INSIDE CITY LIMITS? 3507 BEAGLE LA., APT. 201 #21133 MD. 2120 MARYLAND NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME REINHÄRT SHAPTRO MARY SIMON 166 SOCIAL SECURITY NO. 17. INFORMANT MRS. TRUDY YANKOFF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 216-28-4047 4213 ST. VINCENTS DR. BALTO., MD 21215 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING U OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC 1 CITY OR TOWN STATE WHILE AT WORK AT WORK COUNTY Inspection X 22a. I certify that I took charge of the remains described above, held an and in my opinion TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO EUNERAL DIRECTO
AFTER DEATH, WITH THE
BALLIMORE, MARYLAN Natural causes [X] death resulted fram: Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3-30-86 Assistant SIGNATURE EXAMINER'S NAME Dixon, M.D. ADDRESS 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23BETH YEHUDA RANSHER KURLANDUS BELTIMORE MAR. 31, 1986 COUNTY MARYLAND 07/84 25M SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) y christeridam Rendelle 6010 REISTERSTOWN RD. BALTO, MD 2121!

STATE OF MARYLAND



FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 60/ (VRA 15,

EL	1	Dundalk	1700 Bayard Ave		Housewife	DRKING LIFE) INDUSTRY
35	130 5	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNT)		YES NO		Ave. 21750
4/0		James	Snidemiller	13. MOTHER'S MAIDEN NAM	WIDDIE	Barker
2		WAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN) (IF YES GIVE W	D FORCES? 166 SOCIAL SECURITY NO. 217-30-5771	Dolores Bu	ADDRESS Urkhardt 17	000 Bayard Ave.
event,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE)	one cause per line fai ia), (b), and ic BY CAUSE (a) A.S.C.V.D. And	Chronicatrial	filestati a C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HF. Years.
ther froumotic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) Coronary arter DUE TO, OR AS A CONSEQUENCE OF	Yeur .		
ny injury, or o	ATION	PART 2 OTHER SIGNIFICANT CO	ON GIVEN IN PART 110			
X	CERTIFIC	210 ACCIDENT WAS UNDERLYING	215 TIME OF INJURY	21c. HOW INJURY OCCURR	YES NO X	YES NO
And or hom !	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AL WORK	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM. ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ltem 21 is mo		220 I certify that (I) (this hospital saw the deceosed alive on abave, (I) (1) (did not) v	Feb 4 19 86 , on new the body after death.	DEGREE		nd hour and from the couses stated 22c DATE SIGNED
MPORTANT: #		72d. PHYSICIAN'S NAME (TYPE OR PI	SOLPIRA M	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Balto, Md. 21222
≥ 1	230 8	CDEC IEV)	7 /5 / 2006	Crest Cem	23d LOCATION CLTY OR TOWN	rstown Md.
N 7/84	24 FL	UNERAL DIRECTOR	al Home of Dundal	MAR	DEC'D BY DECISTDADINE	REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

25 HOUR

IF UNDER 24 HRS

1986

IF UNDER I YEAR

20 DATE OF DEATH MONTH

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6010 REISTERSTOWN RD., BALTO., MD

(VRA 15, 4)

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00 01023		STATE REGISTRAR			CERTIF	ICATE OF DEA	TH :	RI	EG. NO.			
8		EASED NAME FIRST		MIDDLE	ı	AST		20. DATE OF DEA		DAY	YEAR	2b. HOUR
y be oge 3 deoth	(TYPE	CAROLI	NA	Μ.	G	ORSCHBOT	Н	80 0	3	18	86	M
moy pog	3 SE)		RACE		5. DATE C			6. AGE (IN YEARS)	AST BIRTHDAY)	MONTH:	ERIYEAR	IF UNDER 24 HRS
s of	/	FEMALE	WHI	TE	MONTH	1 DAY	YEAR Q1_	No. U	95 YRS		DAYS	HOURS MIN.
od # # 4//		RTHPLACE (STATE OF FOREIGN	II CITIZEN OF	WHAT COUNTRY	(? 8	D NEVER MAR	-	9 BALTIMORE C			EATH	
# E 20		Ito. MD	U	SA	WIDOWE		RCED [COUN	ΓY			MD.
b 11 (17)	10 C1	LY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITU	TION	12a USUAL OCC			KIND O	F BUSINESS OR
5 5 70	3	BALTIMORE				CENTE		Home Mak		O CIFE) III	DOSIKI	
212 how	13a S	L RESIDENCE (# NURSING HOME OF	OTHER HADITUON	THE RESIDENCE BEFORE 134 CITY OR TO	DKE ADMISSION!	113d INSIDE CITY	LIAARTS 2	1120 STREET ADDI	DESS / 710 CC	DE		
24 24 III	MI			Balto.			0 🗆	726 N. I	inwood	Äve	. 212	205
this this	4 FA	THER'S NAME	MIDDLE	LAST	- I	15. MOTHER'S MA	AIDENNA		DDLE		LAS	
AA Paris Sel	1	ring)	MIDDLE	(A31		Mat	ilada		IOLE	1	Kamei	
RE GO		(AS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT			ADDRESS			
Pog P	(S) 1	NO NO UNKNOWN) (IF TES OF	VE WAR OR DATES	214-74	-0884	Wynne G.	. Kirl	by, 506 H	brook R	d., '	Tows	on, MD
SALT ore b sicio ippers ool.		18 CAUSE OF DEATH (Enter of		r line for (o), (b), o		1-0	-	1 4.	21204		BETWEEN	MATE INTERVAL
Triffic rtriffic pn po emo even		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)		Myoc	ordial	inf-	archiox	-		-	-
on ding corbing of roc			DUE TO, C	RAS A CONSEO	DENGE OF	x careles	- 0	0. 0	-		15	-
deod deor		Conditions, if ony, which	(ıb)_	arteres	relevol	is earelle	vecci	ur des	me		/3	years
4 4111		gove rise to immediate couse (a), stating the	DUE TO, C	R AS A CONSEO	UENCE OF							
of the state of th		underlying couse lost	(10)									
S, 2	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN	PART 1	0
OR THE STATE OF	TION	190 DATE OF OPERATION	TIAN COND	NITION FOR WHIC	TH OREGATIO	N WAS PERFORM	ED	20a AUTOPSY	2 120h 1E	VES WES	DE EINIDIN	NGS USED
N S S S S S S S S S S S S S S S S S S S	FICAT	DATE OF OFERATION	170. CON	THORY OR WITH	HOPERATIO	IN WASTERIORM			INCER	RTIFYING		OF DEATH?
DIVISION OF VITAL DIVISION OF VITAL Offending physicion free this certificate to as the burde transit this and Mental Hygiest oxed or free IE sho	CERTI	210 ACCIDENT WAS UNDERLYING	7 21b. TIME (OF INJURY		121c HOW INJUR	RY OCCURE	YES NO		YES [RPART 21	NO []
Party of the Barty		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH			0000111	(Elater law love)	or majors have	70 7 7 7 7 7	n / An / 6 /	
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NSI THE THE PERSON NAMED IN	MEDI	WHILE TO NOT WHILE TO		REET, FACTORY, OFFICE	E FARM ETC)	STREET		CIT	YORTOWN	C	YINUC	STATE
DIN CO. OF After C		22a.1 certify that (I) (this hasp	utal) attended th	he decensed from	12%	Hay .	10 82	10 //	March	10/	6	that (I) (wa\last
N 1 0 0 1 1		sow the deceased alive or	17/	larch 19	0	nd that in (my) (ou	r) opinian i	death occurred on	the date and l	haur and	from the	couses stated
THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN T		obove, (I) (we) (did) (did no	ot view the body	y ofter death		DEGREE				2	2c DATE	SIGNED
0 1 0 20 2		Milkan	rese		won	ATTE	NDING	MEDICAL DIRECTOR AP	STAFF		2-1	18-96
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22d PHYSICIAN'S NAME	ORPRINT) /			TAR. ADDRESS					20	1
54 534 9		MORRIS KA.	INESS	ND.		110504	DEA	ASTERN	ALE.	Bal	41/	ud 212.
54 54134	23a B	URIAL, CREMATION, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CRE		23d LOCATIO	N			
RP	Bi	rial	3-	-20-86		don Park		Balti	more	COU	NIY	ST MD

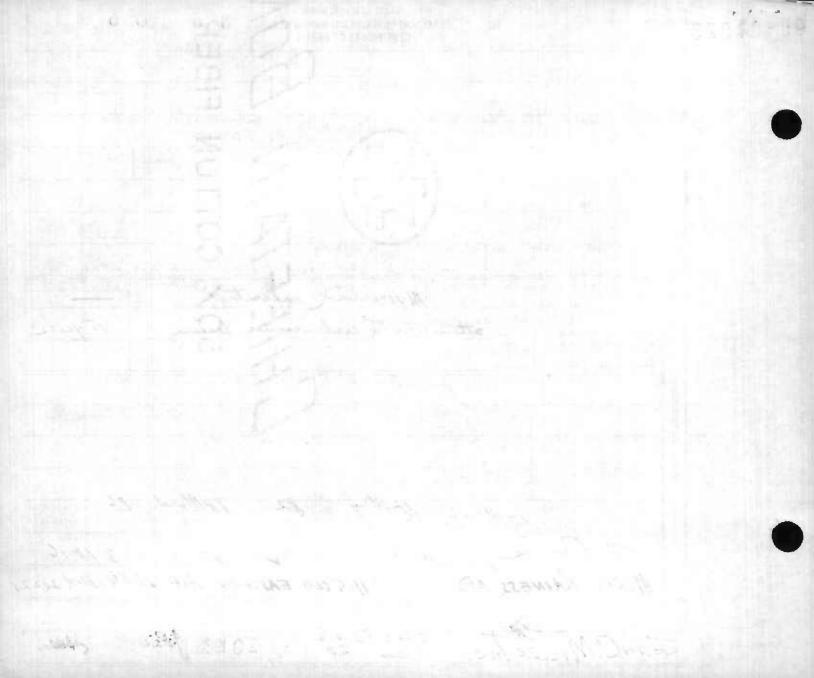
ADDRESS 415

2/200

BELAIN.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR



00369		FOR - STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO		
e me W		CEASED NAME E OR PRINT)	RUTH	MIDDLE.	GOUTOS	20 DATE OF DEATH	3 13 186	26. HOUR 3:00A
The dep	3 SE	x remale		RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 24 HE
orth. Pol	4	IRTHPLACE (STATE OR COUNTRY) Vest Virg		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALT IMORE CITY O	COUNTY COUNTY	
6	1	TOWSON	1	GBMC-6701 N.CI	HARLES ST.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Beauticia	F WORKING LIFE) INDUSTRY	Mgr.
了到北	13a. N	STATE Maryland	136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE 130 CITY OR TOWN Baltimo	N 13d. INSIDE CITY LIMITS? YES X NO [ZIP CODE ir Road, 2	21206
To the second	40	ATHER'S NAME FIRST	MIC	LAST Lemor	15. MOTHER'S MAIDEN N FIRST Lettie	WIDDLE	Hender	cson
ond co	7 160.	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAD OD DATES	7090A Mr. Gus	Goutos, Hus		as al
2 2 0 5 5		Canditians if any	which	METAST	ATIC CARCINOMA OF	RIGHT BREAS	T	
requires that the dealer signed by the attention or to burnit, cremention or to burnit, cremention by whilety, or other frount	TION		mediote ng the e last. NIFICANT CO	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART 1:	
The law requires that the deplication. Inc. Inc. been eigned by the other is permit. Then place remove remove interpreted to burnels, care removalion of the prior to burnels, or other trount.	THECATION	gove rise to imcause (a), statiunderlying cause PART 2. OTHER SIG	mediate ng the e last. INIFICANT CO	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TER			NGS USED
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STATE OF MARYLAND

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	REG. NO.					

IF UNDER I YEAR

26. HOUR

8:30 pm

IF UNDER 24 HRS

	1 - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
	1. DECEASED NAME FIRST (TYPE OR PRINT) Ernest	William	GRANT .	March 24 1986
	3. SEX Male	4. RACE White	March 24, 1916	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYE MONTHS DA
5	Paryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County
1	Rossville 21237	11. NAME OF HOSPITAL, NURSIN (INTO INSUCHEACHLY, GIVE STREET, PANKLIN DO	AG HOME OR OTHER INSTITUTION APPRESS) HOSpital	128 USUAL OCCUPATION [TWE OF WORK FOR MOST OF WORKING LIFE] [TOLLER] [TOLLER]
2		or other institution, give residence before unity in the control of the control o		13. STREET ADDRESS ZIP CODE Farm
1	FATHER'S NAME FIR ULYSSES	MDDS. Grant LAST	15 MOTHER'S MAIDEN N	Caroline Eckes
/	(YES TO OR UNKNOWN)	ARMED FORCES? 166 SOCIAL SECU 213 05		ant, Wife Same
	DADT I DE ATH WAS CALIS	only one couse per line for (a), (b), on SED BY ATE CAUSE (a) Cardiopu	llmonary arrest	Appi Bi i we

2	P	aryland		USA		WIDOWE	DIVORCED		Baltimore	Coun	ty	MD.
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2	13n ST	RESIDENCE (# NURSI ATE Maryland	Balt:		GIVE RESIDENCE BEF 13. CITY OF TO Middle		13d INSIDE CITY LIMITS	3? 13e	STREET ADDRESS	ZIP CODE F	arm Rd.	2122
1	PAT	HER'S NAME	es '	S. Gr	ant LAST		15 MOTHER'S MAIDEN	INAME	Caroline	Ecke	S LAST	
1		AS DECEASED EVER		MED FORCES?	213 05		Estelle Gr	rant	ADDRE	ss San	ne	
		PART I. DEATH W.	AS CALISED	DRV			ary arrest	t			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		Conditions, if ony, gove rise to imm couse (a), stating underlying cause	nediate g the last.	(b) DUE TO, OI (c)	R AS A CONSEC	DUENCE OF						
+	NOL	9a DATE OF OPERAT					NOT RELATED TO THE TE		200 AUTOPSY?	20b. IF YES, V	VERE FINDINGS (NG CAUSES OF D	
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		274 PHYSICIAN'S NA	ME (TYPE O	R PRINT)	Hop		ATTENDING	G D	MEDICAL STAF	ANE	3-24-	
		Jee-Joor		oh M.C).			rank	lin Squar	e Dr	rive 212	37

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 the burial-transit permit. TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Hem

Eurial

3/27/86 230. BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY Md. Veterans Garrison

23d LOCATION Garrison Forest, Md.

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Bruczinski Funeral ome la 1407 Old Bastern Ave

Lendon-Johnson

STATE

SEE A ROLL

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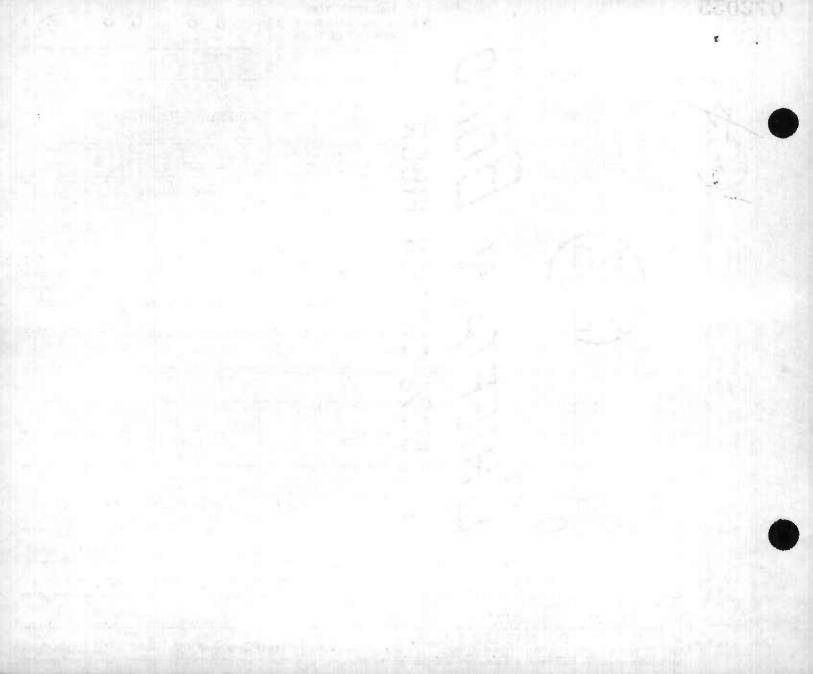
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James E sterville



	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs safe denote 4 moy be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the recent of our page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages hand 2 should be fill in the control of the State Deat of Health and Mental Housene prior to buriol, cremotion, or removal.	
MORE, MARYLAND 2120	executed within 24 hours	and campletely filled in by	redical examiner must be neithed alleged
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	at the death certificate be	by the attending physicion se remove corbon papers. P	IMPORTANT. If them 21 is marked or Item 18 shows any injury, or other traumotic event, the medical examiner must be national and an interest of the medical examiner must be national and an interest of the medical examiner must be national and an interest of the medical examiner must be national and an interest of the medical examiner must be national and an interest of the medical examiner must be national and an interest of the medical examiner must be national and an interest of the medical examiner must be national and an interest of the medical examiner must be national and an interest of the medical examiner must be national and an interest of the medical examiner must be national and an interest of the medical examiner must be not also an interest of the medical examiner must be not also an interest of the medical examiner must be not also an interest of the medical examiner.
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	TO MOSPITAL retained by the	should be determined by	IMPORTANT:

(VRA 15, 4)

2045		FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	HYGIENE 8 6 0 6 9 2 2 2 REG. NO. 120 DATE OF DEATH MONTH DAY YEAR 126. HOUR			9 2 2
L soppose		CEASED NAME OR PRINT) Mrs	FIRST E.	Ruth	Green		AST .		March 9 19		72.18 M
uffer de	3. SEX	amale	4	RACE Caucasi	ian	S. DATE C	ober 18 1896 °	6. AGE (INY	EARS LAST BIRTHDAY)	MONTHS D	YEAR IF UNDER 24 HRS
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filled in could be f	13a S	IL RESIDENCE (IF NURSI TATE Aryland	Baltin	ore	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS? YES NO	13° 7650	Clays Lan	CODE	21207
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hos be ene pri ows on	TIFICATION	mend S		Par	for Rad	-	N WAS PERFORMED	20a AUTO		IF YES, WERE FI ERTIFYING CAU YES	USES OF DEATH?
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should be deto		CHASS	_			-	<u> </u>	. 6	. Cen	. Ho	مسقنر
P	23a. B	URIAL, CREMATION, I		23b. DATE 3-12-86		Lorrair	e Park Cemetery		l'awn		re Maryland
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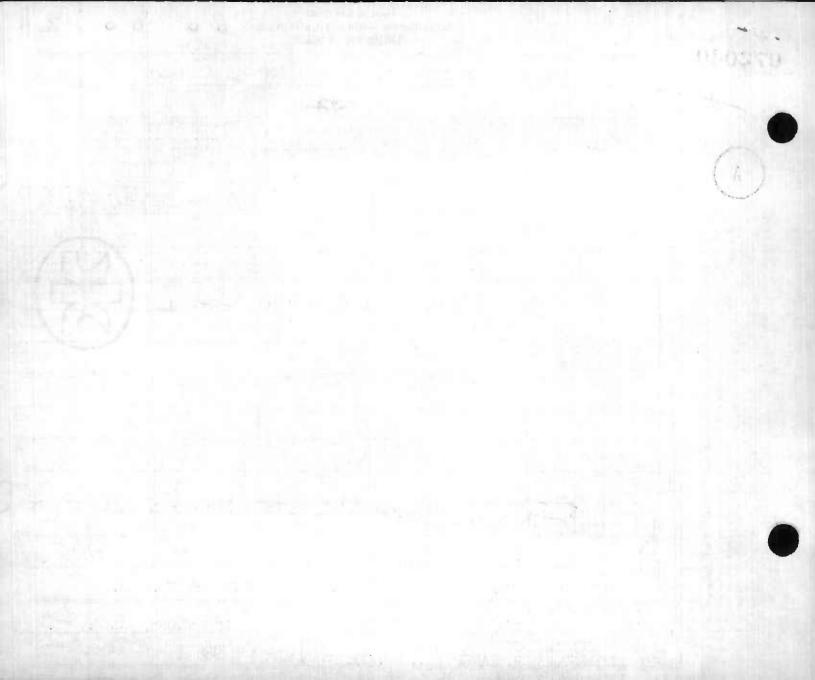
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he law rian. has bee	So C	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOX	20b. IF YES, WERE FIT IN CERTIFYING CAU YES	
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of PHYS of the this of the bud we houd Me	orked or	MEDICAL	21d INJURY OCCURRED	21e PLACE (OF INJURY REET, FACTORY OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR TO	wn count	Y STATE
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DHMH - 16 60A (VRA 15, 4		60	INERAL DIRECTOR SOL LEV	INSON &	BROS GRESS	MD.	NAAD	1 1 1986	256 REGISTRAR'S SIG	-Mandale



70108	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGI CATE OF DEATH	IENE 3 5	0	6 9 2 5
n# 9/		CEASED NAME FIRST FORCE	o M.	Gre	govek	20. DATE OF DEATH MONT	-	6 SAM
1	1:5E	Female !	WHITE	S. DATE C	F BIRTH J - 33 - 19	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS YRS.	R 1 YEAR IF UNDER 24 HRS DAYS HOUKS MIN.
by the funeral dis-	5	PTHPLACE ISTAIT ON FOREIGN 76 COUNTY IN THE PTH OR TOWN OF DEATH 11 OR KYLLS	CITIZEN OF WHAT COUN . NAME OF HOSPITAL, NU (# NOT IN SUCH FACILITY GIVE:	MARRIEI WIDOWE JRSING HOME C		9 BALTIMORE CITY OR CO BALTIMORE 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOME)	E (01	MD. MD. KIND OF BUSINESS OR USTRY
35		ALRESIDENCE A ROBBING HOME CROTHING STATE ARTHUR SHAME ARTHUR SHAME			13d INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN NAM	130 STREET ADDRESS / ZIP	CODE	21234 AVI
230		FRANK "	SIPA	RA	ROSS	MIDDLE D	UBRO	JUSKI
Pages /		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		SECURITY NO.	FAMILY	RECORDS		
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Manual be Some Service of the South		Kendall R. F			2300 Dulaney			, MD 21204
BP		SURIAL, CREMATION, REMOVAL	236. DATE 3-4-1986	ST. S	TANISLAUS	BALT W	RE	MARYSANC

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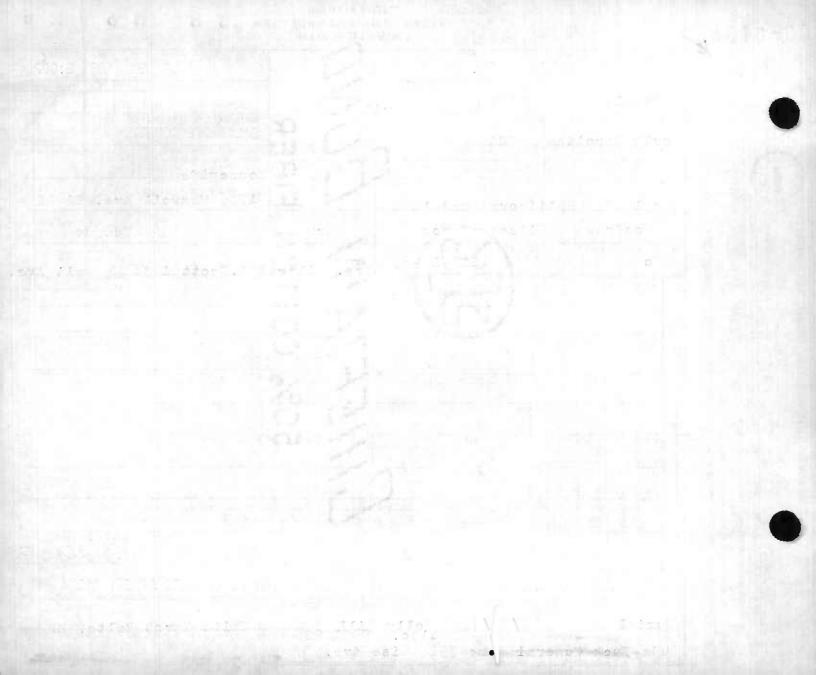
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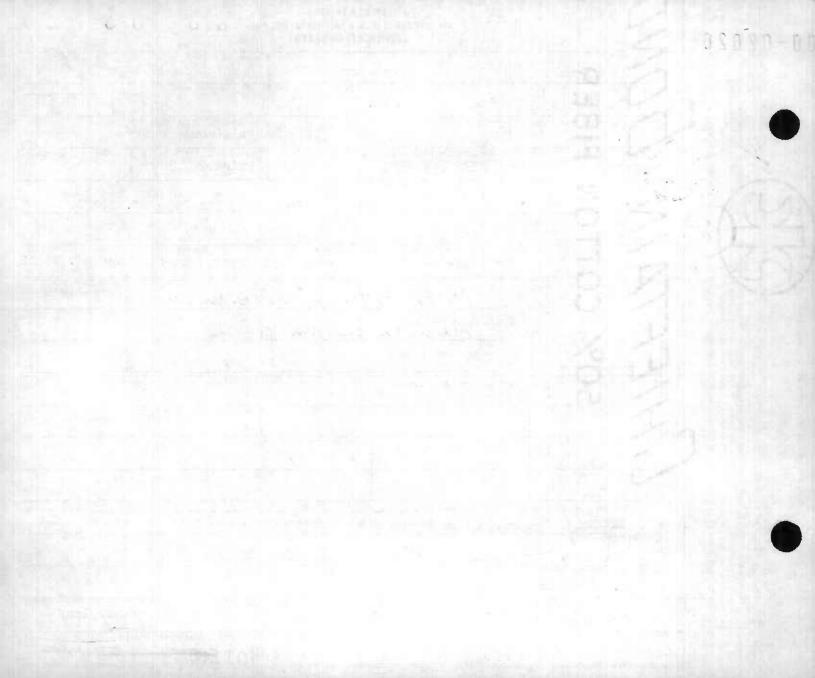
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noy	1.58	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
4 60	L	Male	White	Aug. 20, 1914	71 YRS	NONTHS DATS HOURS MIN.
1 12 1/2	70.0	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
	1	MD ITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	Baltimore Co	
140		Towson	St. Joseph's	raddress) Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE Salesman	126. KIND OF BUSINESS OR INDUSTRY Bakery
0	130.	MD IB COU	NTY 131. CITY OR TOV Balto.	VN 13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e.STREET ADDRESS / ZIP CODE 6225 York Rd.	, 21212
ed within	Pa F	ATHER'S NAME John	W. Griffin	15. MOTHER'S MAIDEN NO Mattie	MIDDLE Kel	SO
n and co		WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		ADDRESS Griffin, Sai	me
physicio nipopers: movol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a			SUDBEN
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equires to signed. Then ple injury, or	CATION			DEATH BUT NOT RELATED TO THE TER		EN IN PART 110
the low a loon. hos bee to permit in the permit	RTIFICAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ICIAN: T	Ü	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART FOR PART 2)
JG PHYS offendin te s rheden	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN TTENDIN TTOR: Af for use o of Health		220.1 certify that (I) (this hasp sow the deceased alive or	ital) attended the deceased from 19	, and that in (my) (our) apinion	deoth occurred on the date and hour	ond from the couses stated
10SPITAL OK And ned by the hos FUNERAL DIRECUID by be detached the Store Dept.		THE SIGNATURE THE STREET STREET	124	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/6/85
TO HOSPITAL TO FUNERAL should be det with the Store		ALBERTO		4D 7600 05L	ER DRIVE, TONSON	J, Md. 21204
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) B urial	3/11/86 Je	NAME OF CEMETERY OF CREMATORY SSOPS Methodist	Sparks,	COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR Henry	y W. Jenkins 8 ad Balto. MD		MAR 1 0 1986 Juna	RAR'S. SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) March 30 1986 Frank **Hallameyer** oge 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Jan. 30°AY 1917" White Male TO BIRTHPLACE (STATE OF FOREIGN LOUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Md. USA WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 1906 Stanhope Road INDUSTRY Dundalk USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. 13e.STREET ADDRESS / ZIP CODE Dundalk Md. 1906 Stanhope Rd. 21222 NO KK 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lachner Hallameyer Marie Frank 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) Margaret Hallameyer 1906 Stanhope Rd. 21222 214-14-3025 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A JONESEOUENCE OF THE COLOR Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? entol Hygiene NO YES | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) Ž 21d INJURY OCCURRED ?le PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ 19... DIRECTOR saw the deceased alive an_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abaye, Triwer I did (did not) view the bady after death 77h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be det with the State IMPORTANT: DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (MPE OR PRINT) 22e ADDRESS Dr. Zimmerman 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TO Baltimore Maryland STATE 4/1/86 Security Process Cremation 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Conneily Funeral Home of Dundalk gruha Davidson Abondalle (VRA 15, 4)



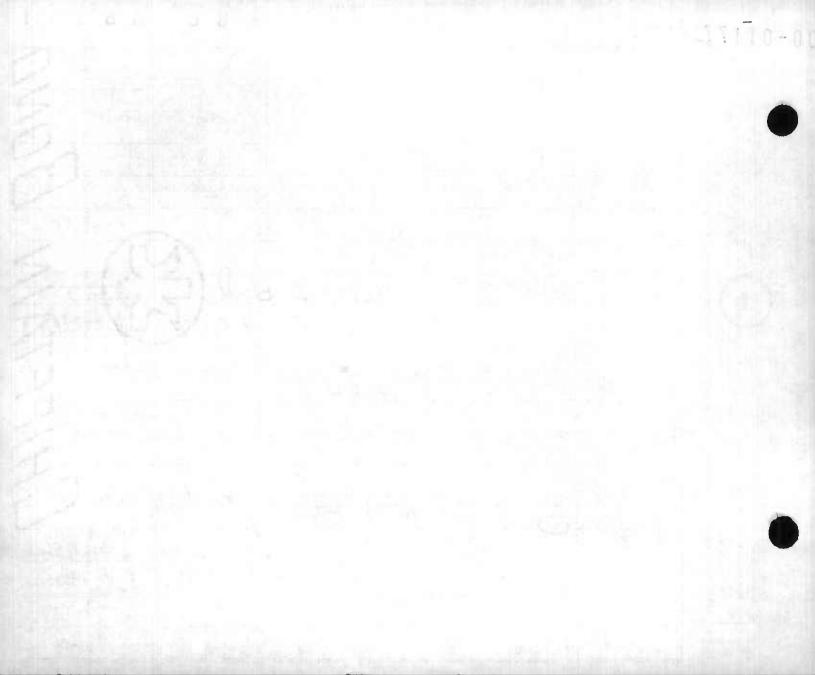
BP______ DHMH - 16 60M (VRA 15, 4)

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	PARTMENT OF HEALTH AND MENTA	IL HYGIENE O O	10 70
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		March 5 1986	// A
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	236. NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION CITY OF TOWN	ell Balt
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	Z = ± 3 ₹	23a 8	URIAL, CREMATION, REMOVAL			NAME OF CI	EMETERY OR CR	EMATORY	23d LOCA	ATION		COUNTY	\$1	ATE
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	DHMH - 16 60M 7/84	24 FI	March Funeral	Homos 12	OO WADDRESS	ch Augr	N10	250 DATE	REC'D. BY F	REGISTRAR	25b. REGIS	RAR'S SIGN	TURE	7
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STATE OF MARYLAND

(VRA 15, 4)

DHMH - 16 60M 7/84

224. PHYSICIAN'S NAME (TYPE OR PRINT)

23b DATE

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION ITY OR LOWI ESTMIN

COUNTY

_, that (1) (we) last

22c. DATE SIGNED

2b. HOUR

126 KIND OF BUSINESS OR

INDUSTRY

250 DATE REC'D. BY REGISTRAR

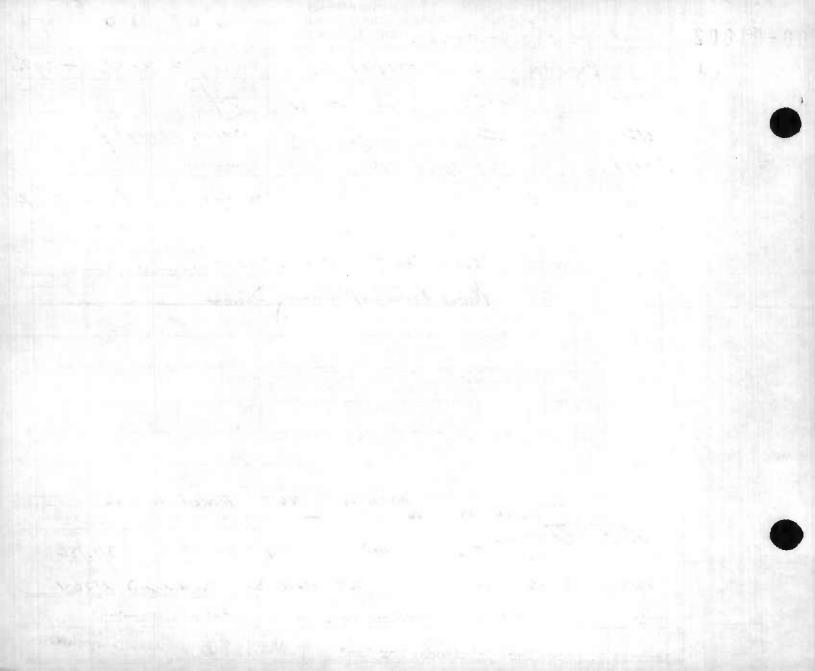
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SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIN		100-1	NO (IF YES,	GIVE WAR OR DATES)	186-07-	3814	6940	MARSUE	
	equires that the death certificate be exected in signed by the ottending physician and Then please remave carbonpopers. Pages to burial, cremation, or remaval injury, at other traumatic event, the medic	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	(c)_	R AS A CONSEQUI	NCE OF	Wia	O TO THE TERM	MINAL D
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	O HOSPITAL O etained by the TO FUNERAL DI should be detail with the State DO MMPORTANT: If I		MARTIN	1710	RAM	MI	76 C	000.	SLE
	BP		BURIAL, CREMATION, REMOV	MAR. 6			AMUNO	CREMATORY	23d
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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR 186 9:13P 3 04 (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS TIMORE CITY OR COUNTY OF DEATH ALTIMORE COUNTY SUAL OCCUPATION 12b. KIND OF BUSINESS OR MERCHANT WORKING LIFE INDRETAIL TO MARSUE TORODE APT. 1C #21215 LAST INKNOWN[®] EVA HANDELSMAN APT. 1C BALTO., MD 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ISEASE OR CONDITION GIVEN IN PART 110 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN ccurred on the date and have and from the causes stated 22c DATE SIGNED STAFF CTOR PHYSICIAN MARYLAND D. BY REGISTRAN STONA TURE MAR 11 6010 REISTERSTOWN RD. BALTO, MD 21215

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		CEASED NAME	FIRST	MIDDLE	./	21	7	a DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
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been mit.	ATI	190 DATE OF OPERAT	ION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORME	ED	200 AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED
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VITA N. Th ysicio cote cote donsit Hygie Hygie 8 sh	CERTIFICATION	210 ACCIDENT WAS UND	ERLYING	21b. TIME OF INJURY		21c HOW INJUR	Y OCCURRE	ENTER NATURE OF INJUR		- Land
Physical Physics of the physics of t		OR CONTRIBUTING []		HOUR A.M. MON						
PHYSIC ending this ce to burid	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE OF INJURY	19	211 LOCATION				
NG PHYSICIAN The law requires that the deoth certifications by sixton. The law requires that the deoth certificate has been signed by the ottending post the buriol-transit permit. Then please remove carbon in and Mental Hygiene prior to buriol, cremotion, or remorked or them 18 shows any injury, or other troumatic events.	ME	WHILE NOT WH	ILE [(AT HOME STREET, FACTORY		STREET		CITY OR TOV	VN COUNTY	STATE
DING O		27 Leastify that (I)		attended the deceased	make	4 12	986	to MARCH	30 10 8L	1
OR OR		saw the decease	d alive on L	DARCH 25	13.11			oth accurred on the do	17	the couses stated
R ATTEN haspital RECTOR RECTOR RECTOR Fem 21 is		obaye, Wilmer la	lid) (dal net -	view the body after death	٦.	DEGREE				ATE SIGNED
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ERAL Stote e de		77d. PHYSICIAN'S NA	ME (TYPE OR P	Rest		PHYS 22e ADDRESS	SICIAN W	DIRECTOR PHYSIC	IAN	20/86
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		BURIAL, CREMATION,	REMOVAL	23b DATE		EMETERY OR CREA		23d LOCATION	COUNTY	STATE
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(VRA 15, 4)	T	eonard J.	Ruck -	Inc. Baltim	ore, Mary	land	'IAILAI	O T 1200	To the second subdest a.	



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	ALT PAGE		YES		II	236-01-3	252A	LILLIA	N HARPER	(WIFE)	SAME	ADDRES
	E SE		IN CAUSE OF DEAT			far (a), (b), and (c).)	1	10	1.10		BETWEEN	MATE INTERVAL
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	_ = O F 0	2	AT WORK AT W	WHILE	SIREET, FACTO	JRT, FARM, ETC)	STREE		CITORIOWN		OUNIT	STATE
	F .20 F F		22a L certify that	Lizeratharge	of the remains desc	ribed abave, held an	Autopsy	Inspection	Inquiry	, and in my	apinian	
	E CEXTIFICATE OULD BE FORM L DIRECTOR: 1, WITH THE S MARYLAND,		death resulted from	,	101		icide .	Hamicide .	Undetermined mani			
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	TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOULD TO FUNERAL DI AFTER DEATH, W	-	(TYPE OR PRINT)	BU	-	6021		DRESS	BALTU	none	Mo	21251
	EM954	230 B	URIAL, CREMATION, PECIFY)			23c NAME OF CE			23d LOCATION CITY OR TOWN		YINUC	STATE
07 25	/84 BP	24 F	REMOVA		3/31/86	MILLE			WEBSTI REC'D. BY REGISTRAR	ER SPRI		W. VA.
	DHMH - 17 (VR A1S ME (5))					HOME, INC		AD	RO1 1986	La Laind	ion-Rand	مالا
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